



2 October 2004

# The one and Pharmacy only!

CLINICALLY PROVEN  
PAIN  
RELIEF  
WITHOUT  
PILLS

Ibuleve. The undisputed brand leader amongst OTC topical painkillers. Ibuleve's special formulation is absorbed up to five times more effectively than other common topical ibuprofens<sup>1</sup>. And a published clinical study demonstrates that Ibuleve Gel can match the speed and efficacy of pain relief in soft tissue injuries when compared to 3 x 400mg daily doses of ibuprofen tablets<sup>2</sup>. No wonder consumer demand is so high - 50% market share and growing<sup>3</sup>, with more than 26 million packs sold in pharmacy. And only in pharmacy!



IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-serious arthritic conditions. **Legal category:** P Further information is available from DDD Ltd, at the address above.

**References:** 1 Hadgraft J, et al (2003) Skin Penetration of Topical Formulations of Ibuprofen 5%. An In Vitro comparative study. Skin Pharmacology and applied Skin Physiology Vol 16, No 3, pp. 137-142. 2 Whitefield M, O'Kane CJA and Anderson S (2002) Comparative efficacy of a proprietary topical ibuprofen gel and oral ibuprofen in acute soft tissue injuries: a randomized, double-blind study. Journal of Clinical Pharmacy and Therapeutics 27, 409-417. 3 source: IRI Infoscan: 52 w/e 12 June 2004 data.

## Minister gives view on PCT commissioning

## NPA to offer all pharmacists membership

## Pfizer policy already hitting stock supplies

## BPC: pharmacy needs to adapt, says Wood





Tickly coughs.



When the mucous lining of the throat becomes inflamed and sensitive, it triggers repeated bouts of dry tickly coughs, which can seriously disturb a good nights rest. If for any reason we have inadequate restful sleep we wake up tired and unable to cope the next day. Cough Nurse Night Time Liquid

**Cough Nurse Night Time Liquid.** **Presentation:** Clear, yellow-green coloured syrup containing diphenhydramine hydrochloride 50 mg, pholcodine 15 mg per 20 ml. **Uses:** Symptomatic relief of dry, ticklish unproductive coughs. **Dosage and administration.** *Adults and children 12 years and over:* 20 ml at bedtime. *Children under 12 years:* Not recommended. **Contraindications:** Hypersensitivity to ingredients. Avoid in pregnancy and lactation. **Precautions:** May cause drowsiness, if affected do not drive or operate machinery. Avoid alcoholic drink. Caution required.



**Night, night.**



is specially designed to dampen down night time tickly coughs. And so aids restful sleep. For further information on new Cough Nurse, simply visit us at [www.practicehealth.co.uk](http://www.practicehealth.co.uk)  
**Stock New Cough Nurse. Because a peaceful night means a better day.**

Diphenhydramine Hydrochloride, Pholcodine

in patients taking anticholinergics (e.g. atropine, tricyclic antidepressants). Side effects: Occasional, nausea, vomiting, drowsiness, skin rash, anticholinergic effects (e.g. dry mouth, elation or depression, irritability and nightmares). Legal category: P. Product licence number: PL 00014/0230. Product licence holder: The Boots Company PLC, 1 Thane Road West Nottingham, NG2 3AA. Package quantity and RSP: 150 ml £3.99. Date of preparation: September 2004. Cough Nurse is a trademark of the GlaxoSmithKline group of companies.

# Who's the no.1 choice when bugs get a grip?



We're the experts, with the only  
brand that is specially made for  
children. Mum's confidence has made  
Tixylix 'Chesty Cough' the no.1 cough  
syrup for children.

And we're supporting the brand with a  
high impact campaign in women's press.  
More mums rely on Tixylix than any other  
children's brand - so make us your  
number one choice for extra profit.

More mums kiss it better with

**Tixylix®**

Always read the label

TIXYLIX® CHESTY COUGH. Presentation: Sugar-free linctus containing 50 mg Guafenesin in 5 ml. Indications: Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. Dosage and administration: The following doses are given 4 hourly: Children 1 - 2 years 2.5 ml, children 3 - 5 years 5 ml, children 6 - 10 years 5 to 10 ml. Precautions: Should not be taken with a cough suppressant. Legal Category: GSL. Recommended Retail Price: £3.05. Product Licence Number: PL 0030/0082. Product Licence Holder: Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Date of preparation: July 2004.





**Editor**  
Charles Godwin, MPharm

**News Editor**  
Gary Fairbairn, MPharm

**Clinical Editor**  
Fiona Savage, MRSC

**Contributing Editor**  
Adrianne de Mar, FRPharm

**Marketing Editor**  
Sarah Thomas

**News Reporter**  
Anna Fook, MPharm

**Production Editor**  
Fay Jones, BA

**Group Art Editor**  
Richard Gurney

**Editorial Production Assistant**  
Rupert Connell

**Editorial Secretary**  
Jan Pious  
Editorial (tel: 01752 37748)  
(fax) 01752 37749  
chemdrug@dotpharmacy.com

**Price List**  
Circulation Controller  
Doreen Larkin, BA, MPharm  
Marta Locke  
Price List (tel: 01752 37748)  
(fax) 01752 37749

**Group Sales Manager**  
Quentin Saldan  
pharm@dotpharmacy.com

**Sales Manager**  
Mark Vane

**Classified Executive**  
Doreen Thomas

**Advertisement Secretary**  
Edna Stead

Advertising (tel: 01752 37748)  
(fax) 01752 37749

**Projects and Price Service Manager**  
Patricia Goss, MPharm

**Pharmacy Projects**  
Mary Pious

01752 37748

**Production**  
Kathrina Avery

**Publishing Director**  
Jim Jones

CMP Information Ltd  
Chemist & Druggist incorporating Retail  
Chemist, Pharmacy Update and Beauty  
Counter

Published Saturdays by  
CMP Information Ltd,  
Sovereign Way,  
Tonbridge, Kent TN9 1RW

C&D on the internet at  
<http://www.dotpharmacy.com/>

Subscriptions (Home) £163 per annum,  
(Overseas & Fire) \$388 per annum plus \$205  
postage, £3.20 per copy (postage extra)  
Additional Price List (UK) £163 per annum  
plus £120; (Overseas) \$388 plus \$205

Circulation and subscription:  
CMP Information Ltd, Tower House,  
Sovereign Park, Lathkill St, Market  
Harborough, Leics LE16 9H  
Telephone 01858 438809  
Fax 01858 434958

Refunds on cancelled subscriptions will only be  
provided at the publisher's discretion, unless  
specifically guaranteed within the terms of  
subscription offer.

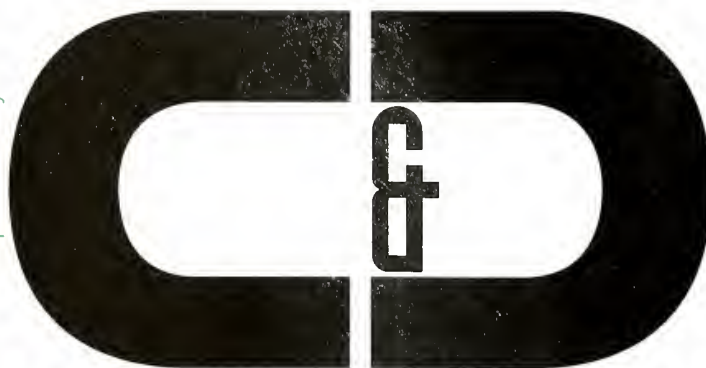
The editorial photos used are courtesy of the  
suppliers whose products they feature



CMP

United Business Media

www.dotpharmacy.com



## Minister reveals PCT benchmarks 6

Health minister Rosie Winterton has told *C&D* how PCTs will be given model service specifications and benchmark prices to help them determine which third tier services to commission and how much to pay for them

## NPA extends membership to individuals 7

The NPA is to launch a new category of membership. From January 2005, individual pharmacists will be able to join NPA Link, which will provide most of the benefits of NPA membership

## Scotland sets out three-year smoking plan 8

New guidelines from NHS Health Scotland and ASH Scotland contain 10 key messages including a call for all health professionals to know whether their patients smoke and to ensure that smoking patients have been advised to stop

## Pfizer quota system risks patient safety 10

Pfizer UK's new quota system is already putting patients' lives at risk according to Steve Dunn, AAH group managing director. He says Pfizer has refused to supply Lipitor 40mg x 28 to two major depots



## Oxygen service review delay 12

The start date for the new integrated domiciliary oxygen arrangements could still be one year away and PSNC's outgoing financial executive Godfrey Horridge (left) is expecting "a difficult negotiation" with the DoH over compensation

## Just a CYP 23

In the first of three articles, Professor Danny Burke explains what cytochromes P450 are and what they do



40

## Features

### Brand aid 32

Getting employees to buy into the company's 'brand' can benefit business, Steve Hemsley finds

### BPC roundup 34

The annual British Pharmaceutical Conference kicked off in Manchester this week

### Investment locked up 40

Results from the latest *C&D* Quarterly Business Trends Survey show that the imminent new contract has had an adverse effect on investment in pharmacy premises

## Regulars

Question Time 8

Opinion 14

Xrayser 15

Letters 16

Coming Events 16

Medical Matters 26

Marketwatch 28

Classified 42

Back Issues 46

EXCLUSIVE

# Minister reveals PCT benchmarks

PCTs will be given model service specifications and benchmark prices to help them determine which third-tier services to commission and how much to pay for them, minister for health Rosie Winterton has revealed.

Speaking exclusively to *C&D*, Ms Winterton made clear that while PCTs are in the driving seat over which third-tier services to commission, it remains one of the Department of Health's primary objectives to negotiate a deal that is fair for the NHS, patients, pharmacy and taxpayers. Adding that this is not an objective that "stops at year one", she said the task ahead is to discuss with PSNC how best to apportion the remaining funding among contractors.

Recent pharmacy visits have provided her with valuable insight

into the importance of maintaining a local community pharmacy network, she said. "The Government does not just see pharmacies as another retail outlet but as an integral part of the NHS. The reforms will help improve access to and the choice of pharmacy services and encourage innovation and excellence."

On choice and competition, Ms Winterton believes PCTs will be expected to assess whether an application for a new pharmacy gives a neighbourhood access to a reasonable choice of services or to providers. All contractors will have to provide essential services, regardless of size.

However, the DoH will be consulting on the proposed new regulations, she said. It is standing by its pledge to review the new control of entry regulations in

mid-2006 but has not yet decided on the criteria for the review.

She did, though, say that the new reforms, coupled with the contractual framework, will help provide a secure and stable basis for pharmacists and their staff to invest in services and make the best use of their professional and clinical skills. "Patients trust and value their local community pharmacist. Community pharmacy deserves to be recognised as a key player in the provision of NHS services."

● PSNC has considered a range of financial models on how to distribute funds to look after the different sizes of pharmacy. Proposals on distribution will be put to the Department of Health this week, and it is still looking to implement the new contract early next year.

## Reid cites pharmacy in choice debate

Health secretary John Reid has cited community pharmacy as an example of how the public are being given choice in the NHS.

Mr Reid was challenged at the Labour Party Conference this week over Labour's aim to provide the public with more choice. Countering the claim that too much choice was detrimental, Mr Reid gave several examples from within the NHS, including that it was right that the public should be able to use a community pharmacy rather than have to wait a couple of weeks to see a GP by appointment.

At another fringe meeting, health minister John Hutton commented: "Pharmacists are educated to degree level and their skills should be put to better use. Pharmacists can help save the NHS money and provide better services to patients."

# Profession 'must adapt to meet new challenges'

If the pharmacy profession is to make the most of scientific and technological advances, it will require new policies and practices, RPSGB president Nicholas Wood has said.

Only the right public policy underpinned by the right infrastructure and remuneration framework will enable pharmacy to develop effective practice models, Mr Wood said in his opening speech at BPC in Manchester on Monday.

But a number of challenges must be overcome to enable the profession to deliver these models.

These include an ageing population, which is becoming more expert and more demanding; a resolution of community pharmacy's economic structure; ensuring the use of evidence-based practice; and engineering a new health workforce, Mr Wood told delegates.

The RPSGB also had to ensure it could give professional

leadership, the president said. The RPSGB's new Charter had been "much improved" by amendments from the SOS campaign, government health departments, and Council members, and had been approved in a membership ballot, he added. Mr Wood confirmed the RPSGB had asked the Privy Council to proceed with its petition for a new Charter.

Looking back to his BPC speech in 1993 when he was previously RPSGB president, Mr Wood highlighted the changes that had taken place in pharmacy.

In 1993 he had welcomed the DoH's commitment to professional audit; had called for pharmacists to be included in adverse drug reaction reporting, and called for a reform of community pharmacy's remuneration.



Photo supplied by RPSGB via Mr

Mr Wood said audit was now part of clinical governance and CPD, pharmacists were now involved in the Yellow Card scheme and progress was being made on developing the community pharmacy sector to make it quality focused and sustainable.

## Roadshows

PSNC has agreed a programme of activities to accompany the introduction of the new contract including a series of roadshows to outline the funding model, starting later this month. There will also be workshops on media skills and seminars on diabetes.

## Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in September:

- Endometriosis (I314)
- Incontinence (I315)
- CDs (I316).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on [www.dotpharmacy.com](http://www.dotpharmacy.com). Further information is available from Mary Prebble on 01732 377269. Genus Pharmaceuticals supports the MCQ and telephone marking service.







## Recruiting online

As part of its latest recruitment drive, the DoH is launching two websites. Experience Matters, which is designed to appeal to older people, goes live on October 8, while Bright Futures, which targets school leavers and graduates, went live on September 23. Both detail the full range of NHS careers, including pharmacy.

**For more information:**

[www.nhscareers.nhs.uk/brightfutures](http://www.nhscareers.nhs.uk/brightfutures)

[www.nhscareers.nhs.uk/experiencematters](http://www.nhscareers.nhs.uk/experiencematters)

## Aspirin update

The Aspirin Foundation has re-launched its website. [www.aspirin-foundation.com](http://www.aspirin-foundation.com) aims to appeal to consumers and healthcare professionals and is also able to provide registrants with newsletter updates.

## More drugs money

The DoH has made £219 million extra available to its Drug Action Teams. This is to be used to increase the number of specialist drugs workers and the number of residential rehabilitation and in-patient detox centres, and to improve the management of individual cases, especially those in the under-18 age group.

# NPA extends membership to individual pharmacists

The National Pharmaceutical Association is to open membership to all pharmacists. From January 2005, individual pharmacists will be able to join NPA Link, which will provide most of the benefits of NPA membership except for representation on the NPA Board.

NPA chief executive John D'Arcy stressed that the NPA would remain faithful to its core membership, community pharmacy owners, but that the extension of membership was in line with the NPA's five year plan unveiled in 2002.

"We are an owner association, and we will remain the association for community pharmacy owners, but we have to look at the changing environment," he said. "There's a range of 'new' pharmacists who have an impact on community pharmacy."

NPA Link charges will be:

- £50 for pharmacists who work in community pharmacy, and are either exclusively employed or engaged by NPA members
- £80 for pharmacists working in

any other areas of pharmacy practice (eg PCTs or hospitals)

● £400 for pharmacists who work in community pharmacy and who are employed or engaged in any way by non-NPA members (for example pharmacists working primarily for Boots The Chemists).

The NPA will rely on the pharmacist's declaration as to which fee is appropriate.

"Anyone who wants to join can do so; we want to be inclusive," said Mr D'Arcy. Membership benefits will include full access to the NPA's information department and NHS service development services, as well as legal and personnel advice. The NPA hopes to establish a pharmacist forum to feed in ideas to the NPA board.

Mr D'Arcy believes that the inclusion of pharmacists such as locums, those working in primary care organisations or hospital will benefit pharmacy owners and help them improve their businesses, by helping raise the platform pharmacists work from

by giving them access to the NPA services.

Mr D'Arcy said the NPA has already offered a 'publications only' subscription category which about 500 people use. This category will be discontinued once NPA Link is launched formally in January. He anticipates 500-1,000 pharmacists may sign up to NPA Link, and thinks it will be particularly attractive to pharmacists in primary care.

The NPA will be monitoring demand. The current expectations for take up will be manageable under current staffing levels at the NPA, but should demand grow Mr D'Arcy said the organisation would have to consider expanding resources.

Last week, a *C&D*/Intr@pharmQ survey found strong support for extending NPA membership to pharmacists who may not be pharmacy owners (*C&D* September 28, p7). Earlier this year, the NPA offered a category of membership to pharmaceutical companies under NPA Matrix.

## Executive changes



Pharmacy remuneration guru Godfrey Horridge has retired as financial executive after 13 years at PSNC.

He is, however, hoping to continue to work part-time at PSNC, concentrating on Welsh and oxygen matters.

He is succeeded by Mike Dent. Mr Dent joins PSNC from Boots where he worked in business development, finance and planning and was pharmacy development manager. He has also worked on the cost of service model, which was presented to PSNC last November.

# Scotland sets out three-year smoking plan

NHS Health Scotland and ASH Scotland have updated their Smoking Cessation Guidelines for Scotland.

The 2004 guidelines, which aim to carry Scottish smoking cessation services over the next three years, comprise 10 key messages. These include that:

- All health professionals should have access to information on the smoking status of their patients and should ensure that smoking patients have been advised to stop;
- All smokers making an attempt to stop should be strongly encouraged to use specialist smoking cessation services and nicotine replacement therapy;
- Patient groups such as hospital in-patients and pregnant smokers should be offered smoking

cessation treatment appropriate to their circumstances and at places and times to suit them;

- Where practicable, smoking cessation services should offer outreach services to non-NHS locations such as workplaces and prisons;
- NHS Boards should ensure they have a board-wide smoking cessation service and that this is provided with stable funding as a core part of NHS Scotland provision;
- Research is needed as a matter of priority into methods of encouraging use of the available treatments, the delivery of these to special groups such as pregnant smokers and what constitutes best practice in the delivery of support by the smoking cessation services.

A practical guide for health professionals complements the guidelines. This is called: *Encouraging Smokers to Stop: what can you do?*

NHS Scotland boasts that over the past few years there has been a rapid expansion of its smoking cessation services. Every health board now has a smoking cessation co-ordinator and there is a £7 million budget for smoking cessation services in 2005-06. Deputy minister for health and community care, Tom McCabe, says: "Much has already been achieved in helping smokers to quit but much more needs to be done. The guidelines provide the basis for service development."

**For more information:**  
[www.ashscotland.org.uk](http://www.ashscotland.org.uk)

# WCPPE avoids risk with CDROM

The Welsh Centre for Post Graduate Pharmaceutical Education (WCPPE) has launched an interactive learning programme on risk.

The programme aims to introduce the basics of risk management in pharmacy and includes sections on identifying, assessing and managing risk, patient safety incident recording and reporting.

*Getting to Grips with Risk* also contains specific sections for group discussion and for problem solving sessions.

The package has been sent to all community pharmacies in Wales. Outside of Wales, pharmacists should approach their local Centre for Postgraduate Pharmaceutical Education or contact WCPPE.

**For more information:**  
E-mail: [welshcppe@cf.ac.uk](mailto:welshcppe@cf.ac.uk)

# ABPI launches pharmacy award to recognise pharmacy innovation

The Association of the British Pharmaceutical Industry has launched a new award to recognise innovative pharmacy practice that brings benefits to patients.

The ABPI Pharmacy Award will be given to up to six pharmacists who show:

- innovative practice that improves the use of medicines
- significant improvements in the

quality of prescribing, dispensing or administration of medicines; and

- service developments that ensure patient access to high quality care and medicines.

According to the ABPI, the award aims to reflect the pharmaceutical industry's growing recognition of the developing role of pharmacists.

The award will sponsor successful pharmacists' attendance at the 2005 BPC conference.

Applications can be made by any practising pharmacist, and should be received by the end of April. The winners will be announced in June, 2005.

**For more information:**  
[www.abpi.org.uk](http://www.abpi.org.uk)



Paul White, SPGC chief

# White is new SPGC chief

The Scottish Pharmaceutical General Council has appointed Paul White as its first chief executive officer.

Paul is a graduate of Queen's University, Belfast, the Henley Business School and latterly of the University of Edinburgh. He is also a qualified accountant. Most recently he was project manager for the risk management authority at the Justice Department at the Scottish Executive. Before that, he was director of finance/deputy CEO at Lothian Health Board in Edinburgh.

He joins SPGC on November 1 and will play a key role in taking forward negotiations on the new Scottish pharmacy contract.

## Questiontime

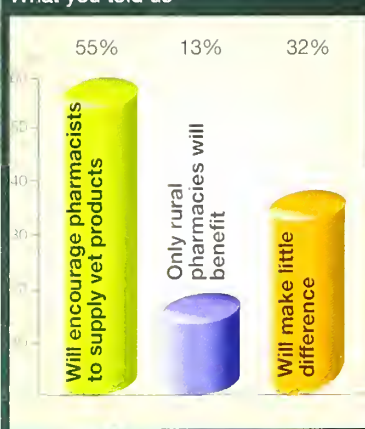
**Last week we said the VMD has proposed that pharmacists should be allowed to prescribe some veterinary POMs. What impact could this have? You answered (see right):**

This week's question: Has Mr Blair convinced you that Labour's priorities lie in the right areas?

Yes  
No  
No opinion

To record your vote on our website: [www.dotpharmacy.com](http://www.dotpharmacy.com).  
Until noon on October 5 to cast your vote. We will  
publish the results in C&D, October 9.

What you told us





Prescribing Information: Unguentum M is an ambiphilic topical preparation with emollient properties, which contains the high lipid content of an ointment but also has the water miscible characteristics of a cream. Contains: Purified water, white soft paraffin, cetostearyl alcohol, polysorbate 40, propylene glycol, glycerol monostearate 40-55, liquid paraffin, medium-chain triglycerides, sorbic acid, colloidal anhydrous silica, sodium hydroxide. Uses: Unguentum M has emollient properties and is recommended for the symptomatic treatment of dermatitis, nappy rash, ichthyosis, eczema, protection of raw and abraded skin areas, pruritus and related skin conditions where dry scaly skin is a problem, and as a pre-bathing emollient for dry/eczematous skin, to alleviate drying effects. It is also used as a diluent for various topical corticosteroid formulations where a lower strength preparation is required and as a general base for extemporaneous dispensing. Dosage and administration: A thin application of cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective cream Unguentum M should be applied sparingly to the affected areas of the skin before, or immediately after, exposure to a potentially harmful factor. Contraindications, warnings etc: Unguentum M should not be used in patients sensitive to any of the ingredients. Undesirable effects: None known. Package quantities: 50g end, 100g tubes, 500g tub and 200ml pump pack. Basic NHS cost: 50g £1.59, 100g £3.13, 500g £9.55, 200ml £8.19. Legal category: GSL. Product licence number: PL 00327/0115. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA.



# Uncompromising

Rubbing in thick emollient ointment is time consuming and dry, scaly skin needs moisturising nourishment fast.

So we made Unguentum M ambiphilic which means it has the high lipid content of an ointment combined with the water miscible characteristics of a cream.

We do not compromise on application; Unguentum M glides smoothly onto skin for easy absorption and relief from the symptoms of eczema, dermatitis and other irritating skin conditions.

Unguentum M. Works like an ointment, feels like a cream.



CROOKES HEALTHCARE

CHCSK04-96-A

Date of preparation: September 2004

[www.crookes.co.uk/hcpservices](http://www.crookes.co.uk/hcpservices)

# Pfizer quota system is risking patient safety

AAH Pharmaceuticals is claiming that Pfizer UK's new quota system is already putting patients' lives at risk.

According to Steve Dunn, AAH group managing director, Pfizer has just refused to supply two of AAH's largest depots, Nexus Point and Romford, with Lipitor 40mg x 28. "These two branches service the Midlands and London, two of the most populated areas of our business. As of today we will not be in a position to supply any Lipitor 40mg to any customer serviced by these branches."

In a letter to Pfizer commercial development manager Ian Hoban and group commercial manager David Robertson sent on September 24, AAH points out that as a wholesaler, it has a primary responsibility to supply customers what they order when they order it. "The quota system that Pfizer has enforced on the UK supply chain is so vague that we, as AAH, have great concern

for the patients within the UK," he says, listing four key question areas:

- How has Pfizer arrived at its maximum figures?
- Has Pfizer taken into account that as a commercial organisation, AAH is actively seeking new customers? "As we grow so will our demand."
- PI competition to the Pfizer portfolio can sometimes be very erratic in supply. How, if at all, has Pfizer, factored these PI shortages in?
- Where AAH has placed special orders on behalf of customers and Pfizer account managers, these volumes have been deducted from AAH's normal allocation figures, again causing out of stock issues. How can AAH be assured that this will not continue to happen, when we are supplying customers that you have authorised?

Continuing, Mr Dunn says: "It can only be assumed that internal communication within Pfizer is very poor and this abrupt

enforcement of quotas has been rushed through without proper consideration of the supply chain and, especially, the end patient.

"All in all this quota system that Pfizer has introduced seems to be going wrong already and is putting at risk the welfare and health of patients."

Responding, Pfizer makes clear that patient safety is at risk in Europe from medicines that have been interfered with outside the manufacturer's control but that it is committed to ensuring the supply of genuine Pfizer medicines.

If any pharmacist is unable to obtain supplies from the wholesaler, then the company will supply them directly, it says. Pfizer has also sent assurances to the Department of Health that, under the new system, there will be sufficient supplies to meet pharmacists' and patients' needs (*C&D*, Sept 25, p8). The DoH maintains that it is monitoring the situation.

## UniChem offers energy deal

UniChem is inviting its pharmacy customers to take advantage of reduced energy costs it has negotiated with Scottish and Southern Energy across the UK.

Low-cost electricity and gas will be available both in-store and at home by joining the UniChem Business E Scheme.

Pharmacy staff can also benefit from the special tariffs and by switching supply of both utilities from their current providers will receive £30 of Argos vouchers.

Energy tariffs vary around the country. UniChem customers who wish to take advantage of the offer should contact the Scottish and Southern Energy Business Advisory Team on 0845 210 220 for a quote. Names of applicants before the end of November will be entered into a prize draw for a home theatre DVD system.

For more information:

[www.pharmacy.co.uk](http://www.pharmacy.co.uk)

Tel: 08457 210 220

## Helping disabled customers

Disability Discrimination Act 1995 provisions concerning access came into force on 1 October. And, warns the Disability Rights Commission, it will in future encourage disabled persons to take service providers to court if they feel that they have not complied.

Pharmacies' obligations towards their disabled customers are covered in two new DoH publications, *You can make a difference* improving primary care services for disabled people and its associated leaflet for front-line staff.

The British Retail Consortium (BRC) and the Disability Rights Commission (DRC) produced a guide which also offers advice for retailers and suggests practical ways of improving the buying experience of disabled customers.

For more information:

[www.brc.org.uk](http://www.brc.org.uk)

[www.drc.org.uk](http://www.drc.org.uk)



Pharmacies' obligations towards their disabled customers are covered in two new DoH publications, *You can make a difference* improving primary care services for disabled people and its associated leaflet for front-line staff. The British Retail Consortium (BRC) and the Disability Rights Commission (DRC) produced a guide which also offers advice for retailers and suggests practical ways of improving the buying experience of disabled customers.

## Bulk price on small orders

A new South East pharmaceutical wholesaler is offering low prices on small orders. East Sussex-based Bydis, established by former pharmacist Anthony Asindi, intends supplying POM, P, GSL branded and generic products, as well as comprehensive Seven Seas, Thornton & Ross, Alcon and Cusi Ophthalmic ranges.

Mr Asindi, who has also worked in marketing and sales for various pharmaceutical manufacturers, says he does not intend having a conventional pricing structure with discounts based on the value of the order: "An order of any size will attract a discount," says Mr Asindi.

From its warehouse in Wadhurst, East Sussex, the company will offer next day delivery to pharmacies, hospitals, care homes, and dispensing GPs in the counties of Kent, Sussex and Surrey as well as London, Portsmouth and Southampton.

For more information:

[Eassindi@bydis.com](mailto:Eassindi@bydis.com)

Tel: 01892 785342



Get ready to

## their natural rhythm

With our £2 million national TV campaign back on air, you'll notice that more and more customers are asking for Dulco-lax Tablets and Perles.

Across the country, people know that when constipation is making them feel bloated and sluggish, Dulco-lax Tablets and Perles offer gentle, predictable relief.

Make sure you've got what it takes to help restart your customers' natural rhythm. Stock up on Dulco-lax Tablets and Perles today and don't forget, Dulco-lax Perles 20s are now available for self selection.



# Dulco-lax®

Dulco-lax Tablets contain bisacodyl  
Dulco-lax Perles contain sodium picosulfate

[www.dulcolax.co.uk](http://www.dulcolax.co.uk)

**Dulco-lax Tablets & Perles:** product information. **Active ingredient:** Tablets: bisacodyl 5mg, Perles: gelatin capsules containing 2.5mg sodium picosulfate as trihydrate. **Indication:** Short term relief of constipation. **Dose:** Adults and children over 10 years: One to two tablets, or two to four capsules, at night. Children under 10 years should not take Dulco-lax Tablets or Perles without medical advice. Children 4-10 years: One tablet, or one to two capsules, at night. Children under 4 years: not recommended. **Contraindications:** Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl (tablets) or sodium picosulfate (perles) or other component, and severe dehydration. **Precautions:** Not to be taken on a continuous daily basis for long periods. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the perles. Do not crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Dulco-lax Tablets Perles should not be taken in pregnancy, especially the first trimester, unless the expected benefit is thought to outweigh any possible risk to the foetus. Not recommended for breast-feeding mothers. **Side-effects:** Abdominal discomfort, abdominal pain or cramps, diarrhoea, allergic reactions, angio-oedema, and anaphylactoid reactions (tablets), skin reactions (perles) have been reported. **Product Licence Holder:** Boehringer Ingelheim Ltd, Ellesfield Avenue, Brackley, Berkshire, RG16 3YS. **Presentations and suggested retail price:** 10 tablets £1.79 or 20 tablets £1.99 PL 00015/0240 (GSL) 10 tablets £4.49 PL 00015/0241 (P) Perles 50 capsules £4.59 (P) or 20 capsules £2.99 (GSL) PL 00015/0254. For further product information please refer to summary of product characteristics. Prepared January 2004.



# Oxygen start date slips

The Department of Health is advising that the start date for the new integrated domiciliary oxygen arrangements could still be one year away.

Both PSNC and potential new contract suppliers confirm that they are also currently working towards an October 1, 2005 implementation date but admit there is still considerable work to do to finalise details such as the transition arrangements and compensation over 'missing' cylinders. PSNC's outgoing financial executive Godfrey Horridge says that PSNC made its bid for suitable compensation for contractors at the end of July but that he is expecting "a difficult negotiation" to achieve a satisfactory deal from the DoH.

The DoH admits that efforts to ensure continuity of service have "taken time" but that a schedule is now in place. It says that it will be meeting again with PSNC to discuss compensation for missing cylinders within the next few weeks and that by the end of January it should be in a position



Godfrey Horridge, PSNC's outgoing financial executive

to announce the successful tenders.

So far, PSNC reports that there is no evidence of contractors being pressured into finalising any financial arrangements over missing cylinders.

Pharmacy oxygen supplier BOC Medical has, however, recently written to its pharmacy accounts advising them to start auditing stocks of headsets and cylinders in advance of the change to the new domiciliary oxygen service. This is in accordance with PSNC advice.

In a letter sent to accounts,

marketing manager medical, David Owers, says: "It would be well worthwhile beginning the process of recovering these now, since you will eventually need to recover the costs of any lost cylinders and headsets from your PCT." It also adds that cylinders will also need to be refilled if supplies are to be maintained over Christmas.

BOC, which has tendered to take over all 10 English and the one Welsh contract through its Vitalair service, was hoping to hear if its bid had been successful by the end of this year. However, recent correspondence with the DoH has indicated that the changeover arrangements to the new service are "weeks behind schedule", Mr Owers says.

For its part, PSNC is not currently concerned over the timetable slippage. BOC, however, is anticipating difficulties and equipment shortages but says: "We intend to support you and your patients" until the supplier is appointed. "By working together we should be able to minimise any disruption to patients."

# Almus wins design award

Almus Pharmaceuticals has won Best Brand Identity at the Design Effectiveness Awards for the packaging of its 120-product range of generic medicines.

The packaging, which uses colour to distinguish product and strength, was designed to help both dispensers and patients avoid confusing medicines. It was developed to help to combat the problem highlighted by the UK Dispensing Error Analysis Scheme report that 33 per cent of medication errors are linked to lookalike/soundalike drug names.

# SSL focuses

SSL International, which owns the Durex and Scholl brands, has sold its US Silipos business to Langer Inc for \$15.5million.

Silipos gel-based products for prosthetic, orthopaedic and skin care applications, are better known in the USA, generating a pre-tax and interest profit of £0.6 million in the year to March 31, 2004.

# Warner Chilcott approach

Northern Ireland-based Warner Chilcott has received a preliminary approach from a consortium of US private equity houses. An indicative cash offer of 800p per share is being made for the entire issued share capital of the company. At the time of going to press, ordinary shares were priced at 776p.

Formerly known as Galen, the company specialises in women's oral contraceptives, HRT

therapies, and dermatology. It began operation in the late 1960s as a contract manufacturer and research partner for other drug companies. With the acquisition of US subsidiary Warner Chilcott in 2000, it purchased access to the US market, and the following year acquired Estrace, the USA's second most prescribed brand of oral contraceptive.

For more information:  
[www.warnerchilcott.com](http://www.warnerchilcott.com)



**Powerful relief from ALL 5 main symptoms of colds and flu**

- The **STRONGEST** chesty cough, cold and flu-specific formula available in the UK
- From the brand that delivered you a massive 72% of the cough market's growth last winter!
- Massive TV launch campaign powered by the award-winning Covonia bull

**COVONIA**  
YOU CAN FEEL IT WORKING

1. IRI IMAZ February 2004

Product: Covonia Cold & Flu. Indications: Oral solution containing Paracetamol 1000mg, Phenylephrine Hydrochloride 12.18mg, Guafenesin 200mg, Cetylpyridinium Chloride 3mg. Indications: For the short term symptomatic relief of the symptoms of colds and influenza, including aches and pains, headache, nasal congestion, sore throat, cough, cold and flu. Dosage and Administration: Adults and children over 12: 20ml dose repeated not more frequently than every four hours. Maximum of 4 doses in 24 hours. Not recommended for children under 12. Contraindications: Hypersensitivity to any ingredients, pregnancy. Precautions: Not suitable for use with other cold and flu remedies. Side effects: Rarely with paracetamol: hypersensitivity (including skin rashes), blood disorders and pancreatitis, rarely with phenylephrine: hypertension, palpitations, headache, dizziness, vomiting, diarrhoea and insomnia; occasionally with guafenesin: upset stomach. Product Licence Number: PL 16028/0006. Manufactured For: Thornton & Ross Ltd., Huddersfield, HD7 5QH. Product Licence Holder: Galpharm Healthcare Ltd, Dodworth Business Park, Barnsley, South Yorkshire, S75 3SP. Date of Preparation: July 2004.



# Your free\* easy solution to dispensing standard operating procedures



## Strategic support when you need it!

AAH Pharmaceuticals and Vantage have created an Easy Solution for pharmacists to achieve a set of dispensing standard operating procedures. It conforms to the requirements of the Royal Pharmaceutical Society's guidelines due to be effective from January 2005.

The Easy Solution is a simple step-by-step CD-Rom to help pharmacists develop their Dispensing SOP's. To get your copy of this valuable CD-Rom fill in the slip below and return it to the Professional Services Team.

To receive your copy of the easy solution to dispensing SOP's complete the application form below and post to the *Professional Services Team (Trading Department), AAH Pharmaceuticals, Sapphire Court, Walsgrave Triangle, Coventry CV2 2TX*. Within weeks you could have your pharmacy's SOPs in place, saving you the time and hassle of getting them established before the January deadline.

\* All Vantage customers can receive the CD-Rom free of charge. The cost of additional CD-Rom's is £15.00 each, only one free per pharmacy. For AAH customers, the first 500 orders are free of charge. For orders after the first 500 free we will contact you before sending out the CD and the cost of the CD-Rom is £15.00. Offer closes 30/11/04. Only one entry per pharmacy. Please allow 28 days for delivery.

PLEASE FILL OUT CLEARLY AND IN BLOCK CAPITALS.

Name .....

Pharmacy .....

Pharmacy address .....

Branch .....

Account Number .....

Telephone Number .....

Fax Number .....

Email address .....

PLEASE TICK

Are you a Vantage Customer? ☐ Are you an AAH customer? ☐

Our question to pharmacists this week was: The VMD has proposed that pharmacists should be allowed to prescribe some veterinary POMs. What impact could this have?

**"It would encourage more pharmacies to become involved, in both urban and rural areas"**

Seamus Strain,

Camlough, Northern

Ireland

**"It will encourage more pharmacies to get involved in supplying pharmacy medicines"**

Mr Holmes, Kelsall,

Cheshire

**"Quite a few will get involved. Product knowledge will improve and pharmacists would be more confident in the products, but we would need more information"**

Anon, Birmingham

## Comment from the Editor

This week's BPC opened in Manchester with a buzz that had been missing in recent years. A bigger exhibition in a modern conference centre formed the backdrop to an excellent showcase of all that's good about pharmacy.

Prominent in most minds was the impending pharmacy contracts. Much of what was being presented in the conference sessions will form the basis of the new UK pharmacy contracts. While funding in England, and Wales, is being finalised, it is becoming increasingly clear that those pharmacies who do not embrace the service culture of the new contract will be the ones who will be most likely to lose out.

Sir Nigel Crisp, the head of the NHS, attended BPC and urged community pharmacists to vote for the contract. Meanwhile, down in Brighton, his political paymasters were extolling the virtues of pharmacy – often unprompted – at the Labour Party Conference. Health secretary John Reid clearly has pharmacy at the front of

his mind and sees many advantages to having a network of community pharmacies out there. But the new regulations on control of entry are still being drafted and could yet cause problems: the new consideration of 'choice and competition' has yet to be defined.

It will, therefore, not help matters if the Family Health Services Appeal Authority is disbanded. The loss of its expertise – how many years did it take to establish the current interpretation of 'necessary and desirable'? – could cost the NHS dearly.

Rather than generating a saving of around £1 million, its loss could lead to soaring legal costs as the nuances of the new catchphrase are tweaked out by appeal after appeal. Perhaps the Treasury should take a look.

**The loss of the FHSA's expertise could cost the NHS dearly**

## Your views

Dr Steven Kayne of the Veterinary Pharmacists Group comments on the Veterinary Products Directorate's proposals published last week

### Give pharmacy more bite

With this review, the Government has an opportunity to enhance animal welfare, improve convenience and the provision of health advice to animal owners and to increase the market for veterinary medicines.

However, the proposals completely ignore the role of pharmacists in animal medicine and are misguided. Unless pharmacists are 'given' a category to get their teeth into, the industry, animal welfare and animal owners will not benefit from the positive impact pharmacists can bring.

Adopting these

recommendations will ensure that the industry always remains a considerably poorer neighbour of the human pharmaceutical industry. To illustrate the effect that availability has on the market, one only has to contrast the size of the pet food market with that of the animal medicine market.

Members are extremely disappointed that our vigorous representations concerning a category for pharmacy-only dispensing of veterinary drugs has apparently been overlooked by VPD. There is a plus and a minus from the proposed classification. Associating us with much less

qualified merchants means that the likelihood of getting access to the more powerful veterinary drugs for farm animals is limited.

Both veterinary and pharmacy professions are opposed to the dispensing of 'one vets' prescriptions by another. There are doubts surrounding the relative professional responsibilities, as well as the absence of the process of appraisal of the prescription – a process that would be undertaken by a pharmacist prior to dispensing. It is incredible that the VMD has completely ignored these issues.



# Northern Ireland

## NOTEBOOK

### Instalment dispensing crackdown

I had almost assigned the CSA letter to the bin when its message seemed to jump right out at me. Reading the missive in detail, my initial shock was calmed and I had to admit that I was not surprised. There must be a challenge to this practice. For some contractors the consequences will be more severe than it will be for me.

In my practice the number of prescriptions designated "instalment dispensing" has risen sharply in recent years and I have done nothing to create this. The main growth seems to be for medicines that could not normally be viewed as problematic. But GPs might differ. With their aversion to risk they have been keen to use instalment dispensing as a risk management device. Many elderly patients do need help with their medicines and monitored dosage systems (MDS) are seen as a solution in some cases. I'm sure

### ... some among us have milked this opportunity for all it's worth

many are justified but then MDSs are also a weapon in the fight for nursing home business. MDSs are a prerequisite to getting this lucrative prescription business but these cost money and only weekly instalment fees are essential to make them viable.

The problem, and the reason for CSA's crackdown, is that some among us have milked this opportunity for all it's worth. They have been hoovering up additional fees and distorting the global sum in their favour.

PCC makes the point that GPs, using professional judgement, are requesting the instalment dispensing service. It is therefore needed and must be paid for.

The new contract will hopefully close the loopholes that our more creative colleagues are so good at exploiting.

*Written by a Northern Ireland community pharmacist*

## TOPICAL REFLECTIONS

### Uncertain future for personal control

Next month's consultation on personal control and the workforce (*see C&D, Sep 25, p15*) signals a move towards one of the biggest changes to pharmacy practice for years. Everybody knows that we won't be able to carry out new roles effectively while burdened with the personal control rules, but plenty of pharmacists use existing legislation as a comfort blanket that prevents too rapid change.

I don't expect the personal control rule to be abolished completely but this consultation will surely recommend significant relaxation or revision. Some pharmacists think that the NHS owes them a living simply for being on the premises and supervising dispensing. This is set to change and these pharmacists will have to change too if they want to continue to earn a reasonable living.

Quite where this will leave locums I'm not sure. I

wouldn't expect to leave the pharmacy for a whole day, but I'm sure my staff could manage for half a day as long as I was contactable. The need for locums simply to enable the dispensary to continue operating in my absence may disappear. I could instead be looking for specialist locums to help run my medicines management clinic or INR monitoring scheme.

My job will become much more varied and interesting. I could really work as part of a team with other local health professionals and operate from any point within the local community. But I would still want to spend most of my time at the pharmacy. My pharmacy is easily accessible to most patients, it's where most of them expect to find me, and it will be the centre for most of my service provision.

### What's in a name?

I'm sure Reckitt Benckiser has good reasons to re-brand Fybogel as Senokot Hi-Fibre that have been well thought out and make sound business sense. And I should welcome the £1 million marketing spend to raise awareness of the new brand name. But from where I stand I can see mainly chaos, confusion and extra work.

Despite NHS packs remaining unchanged, I can imagine the prescriptions for 60 'senna sachets' or 'Senokot tablets' that will involve lengthy discussions with practice staff and returning scripts for amendment.

Potential differences in price and NHS availability

between OTC and NHS packs could further add to the confusion. Patients will take some convincing that the contents of their OTC and prescription packs are identical. Only a very effective marketing campaign will prevent some people switching to another brand that they recognise. I will always think of the product as Fybogel.

But then I still think of Snickers as Marathon, Oil of Olay as Oil of Ulay, and Cif as Jif. I still refer to British Rail, the Gas Board and the DHSS. I only recently realised that Opal Fruits had not disappeared from confectionery counters but been re-branded Starburst. Perhaps this is just a little idiosyncrasy of mine, because my purchasing habits of all the above have remained unaltered whatever their name. And I will continue to recommend Fybogel, sorry I mean Senokot Hi-Fibre, as I always have.

### From beef to teeth

Some new roles are more welcome than others and I'm glad that I will be able to pick and choose some of those that I take on. A pharmacist prescribable category of veterinary medicines is a step forward for professional practice and a boon for those pharmacists with an interest in that area. It's an advance that I don't expect to make much use of however. My pharmacy is not in a rural area and there is no vet practice nearby.

I would like to propose a new category though: dental medicines that pharmacists could prescribe following diagnosis. Some of the directions written on FP14s make me cringe. I'd love to be able to prescribe antibiotics for dental patients and know that I had the dose right every time.





Please e-mail your views to [chemdrug@cmpinformation.com](mailto:chemdrug@cmpinformation.com)

## Dispensing monitored dosage eight times for one fee is an insult

Every pharmacist knows how the trend nowadays is towards pharmacists taking an active role in the health of the patient. No other patient category deserves more attention than the elderly and confused.

So you can imagine my consternation when I was informed by the payment authority of Northern Ireland that only psychotropic drugs would attract multiple dispensing fees, regardless of the patient category.

I, like the majority of pharmacists throughout Northern Ireland, have an ever increasing number of elderly and confused patients who require their medication dispensed in monitored dosage systems. Under the new payment conditions applied I will dispense each item at least four and sometimes eight times for one single fee.

Now, as every pharmacist knows, the work involved in preparing a monitored dosage system is much more involved and time-consuming than dispensing a normal prescription and not paid any more for doing so. I consider it an insult to expect me to do four to eight times the work for the same reimbursement. I, and a lot of my colleagues, will reluctantly therefore be forced to refuse to oblige with respect to this service.

Has the payment authority considered the implications of this? I think not. How many elderly and confused patients are going to be unable to cope with their medication? I think perhaps most of them will find their way into nursing homes at a catastrophic cost to the public purse. These patients are generally living alone and some distance from their immediate family.

My information is that this has come about due to the phenomenal cost of multiple dispensing of medication supplied to nursing

homes and I must say I have to agree with the payment authority on this one.

A few years ago some pharmacies in Belfast set out to canvass nursing homes around the country, in some cases far away from their base. They had already purchased the necessary equipment to establish "production line dispensing" and offered monitored dosage systems, storage trolleys and other incentives to the nursing homes in order to secure a contract to provide patient medication. The system collapsed, incidentally, when a patient needed an acute supply (an antibiotic for example) and it had to be supplied by a local pharmacy because the nursing home contractor wouldn't travel that distance.

The nursing home owners jumped at the prospect of reducing the number of qualified nurses required and duly pressurised the local GPs to prescribe multiple weekly supplies. Unwittingly the GPs obliged. The reality is that the public bill for the multiple supplies comes to much more than the bill for an extra qualified nurse per home.

In my opinion this situation is a waste of public money and should be stamped out, but it is unfair to penalise the people who are most vulnerable. The individuals mentioned above will no doubt

jump on the protest wagon.

I see no need for multiple dispensing and monitored dosage systems in nursing homes. After all, there are patients out there whose immediate family or friends administer their medication via dosage systems and they have no medical qualifications at all.

Surely, with adequate training, unqualified nursing home staff could do the same. Let's face it, it's not exactly rocket science.

I am appealing to the powers that be to see common sense. Certainly put an end to multiple dispensing in nursing homes. Certainly pay for an extra member of staff to take care of medication administration – qualified or just trained, but have a good look at what is down the line if the vulnerable patient is penalised.

**John G Fleming MPSNI,  
Ballyclare, Co Antrim**

## Naive Xrayser

Xrayser is being very naive when he said the ultimate aim of the pharmaceutical industry is to help the sick (*C&D*, September 25, p17). This is their PR image.

The ultimate aim of any company is to make a profit for its shareholders and anything it does is a means towards that end.

**UA Patel,  
Cranford, Middx**

## Coming Events

### OCTOBER 4

#### RPSGB East Kent Branch

Meeting on *Supplementary prescribing* at Howfield Manor Hotel, Chartham Hatch, Canterbury. Speakers Sue Kilby, head of practice, RPSGB and Derek Meadows. Buffet meal from 7.30 to 8pm.

### OCTOBER 5

#### RPSGB Northern Scottish Branch

Meeting on *A learning profession can prove its diligence*, RPSGB Continuing Professional Development scheme. Please bring your CPD portfolio if you have received it. Led by Alison Macrobbie, palliative care/model schemes pharmacist & branch CPD facilitator. Venue: Marriott Hotel, Culcabock Road, Inverness at 7.30pm. Tea/coffee and sandwiches.

### OCTOBER 11

#### RPSGB Nottingham & District Branch

Meeting on *CPD – the role of the local facilitator*. Speaker Diane King. In the School of Pharmacy, University of Nottingham at 8pm preceded by a finger buffet at 7.30pm.

### OCTOBER 12

#### RPSGB Ipswich & Suffolk Branch

Meeting on *Pharmacy technicians – registration and other current issues*. Speaker Darren Leech. Association of Pharmacy Technicians at the West Suffolk Hospital, Postgraduate Centre. 7.30 for 8pm start, buffet and coffee from 7.30pm.

**A Moss pharmacy employee who pioneered smoking cessation in a young offenders institution has been shortlisted for the QUIT smoking Cessation Supporter Award sponsored by Nicotinnell. Kirstie Hepburn, pictured, is area development manager for Moss and worked in a team with youths aged 16-21 at Polmont Young Offenders Institution in Falkirk. The team achieved a quit rate of 22 per cent after three months and 17 per cent after one year. Ms Hepburn hopes the scheme will be the start of smoking cessation programmes being introduced to prisons around the UK. Two other projects are finalists and the winner will be announced on October 5 at a ceremony in London**





# New herbal committee holds first meeting

by Fiona Salvage

fsalvage@cmpinformation.com

The newly formed Committee for Herbal Medicine Products held its inaugural meeting in London last week with representatives from all the member states present.

The committee has been set up in advance of the new directive concerning regulation of herbal medicines coming into force in October 2005.

Herbal medicines will be placed into two classes: those with monographs detailing use and efficacy, which will be eligible for marketing authorisation approval and are likely to be POM or P medicines; and those without monographs, which have less documentary evidence of efficacy, which are likely to be GSL.

All will be subject to scrutiny

for safety and quality, with manufacturers expected to comply with good manufacturing practice.

Member states will be responsible for their own pharmacovigilance procedures, that is the reporting of adverse events in a formalised way. However, the current legislation does not allow the committee to issue requests for certain medicinal products to be only sold by healthcare practitioners if they are already on sale to the public through a GSL route. The legislation may change in the future, but if a non-POM or P product was deemed unsafe for general consumption the only way to restrict its availability would be to withdraw it from sale altogether.

For more information:

[www.emea.eu.int](http://www.emea.eu.int)

## First arrivals at Medway



The first undergraduate students registered at the new Medway School of Pharmacy this week.

The School is a joint venture between the Universities of Greenwich and Kent.

Study will be divided between three campuses: the main University of Greenwich site at Greenwich Maritime, the University of Kent at Canterbury and the Medway campus at the Chatham Dockyard, where the

students will be based.

The new School of Pharmacy is equipped with a clinical skills laboratory to help develop pharmacy practice, and a purpose-built dispensary with adjacent drug information centre.

The School is working to develop close links with pharmacy locally through work placements and the provision of training opportunities to support the new pharmacy contract.

DERMATOLOGICAL



## Dry skin & Eczema

# EXPERT E45

It might not come as a surprise to learn that the **E45 Brand** is the first recommendation by healthcare professionals for the special moisturising needs of dry and troubled skins.

With 50 years of know-how the **E45 Brand** has carefully developed products that are unperfumed, dermatologically tested, soap and detergent free to provide effective emollient therapy for the symptoms of dry skin, eczema, psoriasis and ichthyosis.

Widespread success in clinical trials is bolstered by the fact that the **E45 Brand** is the most requested brand on prescription by patients for the management of their dry skin conditions...

...perhaps the truest vote of confidence in our skincare expertise.



CROOKES HEALTHCARE

**Prescribing Information** E45 Cream, E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin

conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly:

Apply to the affected part two or three times daily. **Contra-indications:** E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:** Occasionally, hypersensitivity reactions, otherwise adverse

effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20.

**Legal category:** GSL. **Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Date of preparation:** January 2002. **Reference:** 1. U & A data HQ 2003. **CHSK04-84A** **Date of preparation:** September 2004.

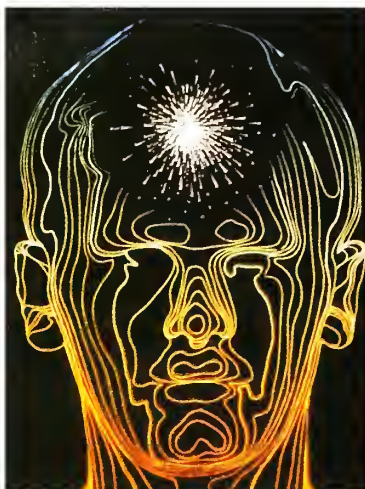
# Gaining inspiration

The recent report that biofeedback improves respiratory function in people with asthma and could be steroid sparing<sup>1</sup> adds to a compelling body of evidence underscoring the technique's efficacy in several diverse conditions. So this feature briefly introduces this always fascinating, often provocative and sometimes controversial treatment.

Biofeedback, in essence, allows users to influence physiological processes – such as blood pressure or heart rate – that we cannot normally voluntarily control. Researchers tried, for decades, to influence these involuntary, autonomic processes. Alexander Graham Bell, for instance, experimented with a type of biofeedback (although researchers hadn't coined the term) to try to help deaf people make 'correct' sounds by controlling a visual representation of their speech. Nevertheless, biofeedback didn't really capture researchers' imagination until 1967, when

studies presented at a meeting of the Pavlovian Society of North America showed that animals could learn through conditioning (association of a reward or punishment with an outcome) to control their heart rate, blood pressure, kidney flow and so on.

A spate of confirmatory findings followed and led to an explosion of biofeedback systems. These all consist of the same essential elements, however: a monitor to measure an involuntary physiological function – heart rate, muscle tension or blood pressure, for example – and an output such as a visual image or auditory signal. The user learns to make the 'bleep' or 'image' change by altering their autonomic function. A reduction in blood pressure could, for example, slow the 'bleep'.



A recent news article suggested the benefits of using biofeedback methods to help control asthma. **Mark Greener** explains

Neuroscientists do not fully understand how biofeedback influences autonomic function, although it seems to influence several critical brain regions. One study<sup>2</sup> used magnetic resonance imaging to examine the brains of people using biofeedback to control their skin's electrical activity (a reflection of sweat

glands' autonomic activity). Biofeedback activated centres in the cortex, subcortex and brainstem responsible for autonomic activity. It also influenced, for instance, regions involved in vision, somatesthetics (sensations in the body generally rather than arising from a particular sense organ) and

DERMATOLOGICAL

**E45**



CROOKES HEALTHCARE

For more information E45 Itch Relief Cream. E45 Itch Relief Cream contains fluorometholone 0.05% w/w and menthol 0.1% w/w. Uses: For the treatment of pruritus, eczema, sunburn and scaling skin conditions where an antipruritic and soothing effect is required, it may also

be used for the continued treatment and follow-up treatment of these skin diseases. Dosage and administration: Adults, the elderly and children: Apply to each affected area twice a day. The duration of treatment depends on the clinical response. Contra-indications:

Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. Special warnings and precautions for use: May cause irritation if applied to broken or inflamed skin.

Pregnancy and lactation: There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breast feeding during lactation. Undesirable effects: E45 Itch Relief Cream has been reported to cause a burning sensation,

erythema, pruritus or the formation of pustules. Allergy has also been reported. Package of 50g and 100g tubes. MRP: 50g £3.39, 100g £6.79. Category: GSL. Product licence number: P 00000000000000000000. Product licence holder: Crookes Healthcare Ltd.



executive control (the decision-making function that formulates, plans and implements strategies to attain goals). But how this translates into autonomic control is not clear.

Despite the uncertainty, researchers tried biofeedback for numerous diseases, including bladder dysfunction, skin conditions, migraines, tension headaches, peripheral vascular disorder, epilepsy, anxiety, chronic pain, hearing problems and asthma. Some researchers used biofeedback to influence directly asthmatic patients' lung function, for instance. Others altered asthmatics' facial muscle tension, heart rate, heart rate variability (HRV), inspiratory volume or accessory muscle tension.<sup>3</sup> But results were mixed.

Indeed, a recent review<sup>3</sup> commented that "methodological inadequacies or poor reporting" makes assessing any benefits offered by biofeedback for people with asthma difficult. Nevertheless, it seems that directly targeting lung function directly produces "small and inconsistent changes in lung function". Furthermore, half the studies assessing biofeedback-

assisted facial muscle relaxation showed a significant improvement in lung function. But the authors comment the improvements were "very small and clinically irrelevant". Only preliminary investigations assessed the other approaches.

Since then, rigorous studies started to emerge – at least for HRV, which offers a surrogate for activation of the autonomic nervous system. Parasympathetic nerves supply the main autonomic innervation to the lungs. Acetylcholine activates muscarinic receptors on airway smooth muscle, submucosal glands and blood vessels. In other words, autonomic innervation contributes to bronchoconstriction, mucus secretion and vasodilation. People with asthma or chronic obstructive pulmonary disease show greater parasympathetic activity than controls. This overactivity contributes to increased bronchoconstriction, mucus secretion and airways hyper-responsiveness.<sup>4</sup> Indeed, based on HRV autonomic function declined in asthmatic children, even when free of asthma attacks, compared to controls. Children

with the most severe asthma showed the lowest HRV and, therefore, the most marked deficit in autonomic function.<sup>5</sup>

Against this background, the new study<sup>1</sup> suggests that biofeedback allows patients to control the activity of autonomic innervation to their lungs. Compared with controls, subjects practising HRV biofeedback needed lower steroid doses to maintain lung function. Indeed, they improved by one step on the asthma severity guidelines. Lung function also improved. A placebo system improved symptoms, but not pulmonary function. However, the biofeedback group and placebo arm did not show any difference in the number of severe asthma exacerbations.

So it seems that biofeedback can modulate the autonomic drive to the lung, reflected in the HRV. This, in turn, seems to improve asthma symptoms and lung function. We need further studies to assess the scale of the improvement and we still don't know exactly how biofeedback influences autonomic drive. However, that uncertainty should not hinder further research into biofeedback's potential benefits.

It's worth remembering that we still don't know exactly how we recover memories and form speech: but we're able to produce coherent recollections.

## References:

1. Lehrer PM, Vaschillo E, Vaschillo B, et al Biofeedback treatment for asthma. *Chest* 2004;126:352-61
2. Critchley HD, Welch RN, Featherstone E, et al Volitional control of autonomic arousal: a functional magnetic resonance study. *Neuroimage* 2002;16:909-19
3. Ritz T, Dahme B and Roth WT Behavioral interventions in asthma: biofeedback techniques. *J Psychosom Res* 2004;56:711-20
4. Conlon FR and Fryer JD Muscarinic acetylcholine receptors and airway diseases. *Pharmacol Ther* 2003;98:59-69
5. Kazuma N, Otsuka K, Matsuoka T et al Heart rate variability during 24 hours in asthmatic children. *Chronobiol Int* 1997;14:597-606

Mark Greener, an ex research pharmacologist, now writes on medicine and bioscience for numerous publications in the UK and the US. *The Consumers' Association* recently published his book *The Which? Guide to Asthma and Allergies* [2004].

## Scratch resistance

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases!

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

Moisturising urea and local anaesthetic lauromacrogols combine in a dual action formula to soothe the itch whilst hydrating and smoothing the affected skin. These therapeutic benefits are delivered in a well tolerated and highly acceptable emollient cream.

A "very good" or "good" improvement in skin condition was measured in 74% of patients.

E45 Itch Relief Cream.  
Experience builds expertise.

Dry skin & Eczema

# EXPERTE45

Contains lauromacrogols and urea



# We must extend prescribing rights...

... this was the message from the Department of Health, Social Services and Public Safety one-day conference: Prescribing – A Multidisciplinary Approach in Belfast. It was attended by 260 delegates including 60 pharmacists

Extension of prescribing rights to pharmacists and nurses, and in the near future to optometrists, physiologists, podiatrists and radiographers, is a key element in the modernisation of the HPSS in Northern Ireland, Judith Hill, chief nursing officer, DHSSPS told conference delegates.

The challenges facing the HPSS, she said, were to improve access to care, reduce waiting times and create a user-responsive healthcare environment. The aims of the conference were to raise awareness of how extended prescribing rights could address these challenges and to showcase examples of developing prescribing practice in both primary and secondary care.

Baroness Cumberledge called on conference delegates to keep working to ensure her vision of prescribing rights for all nurses is achieved. She singled out the pharmacy profession as "bedfellows" of nurse prescribing who initially supported the concept but who's support evaporated once real changes began to be implemented.

This had been disappointing but she was pleased that support from pharmacists generally had returned as pharmacists themselves were now benefiting from prescribing rights.

She told the conference that 19 years ago she had a vision of nurse prescribing in the health service and in 1998 she made a commitment that she was "not going to give up until a nurse with a prescribing pad is the norm".

She remained committed to this vision and she invited delegates to adopt some of the strategies she had used to push forward the

nurse prescribing agenda.

Making connections was important: it was one thing being a "live-wire" she told delegates but "live-wires were dead without connections". She encouraged delegates to take every possible opportunity to promote and support the implementation of nurse prescribing.

Dr June Crown felt the role of patient group directives (PGDs) within HPSS was poorly understood.

Dr Crown, who helped instigate nurse and pharmacist prescribing after writing two reports on the matter in the 1990s, said that PGDs had played too prominent a role in clinical care in recent years, a role she felt they were never intended for. PGDs were nothing to do with prescribing, rather they were about supply and administration of medicines and were restricted to certain unique circumstances. The norm should be individual patient care with clinical accountability and now with the legal and regulatory framework in place, independent and supplementary prescribing should become the norm.

She encouraged delegates not to fear the Clinical Management Plan, suggesting that reference in the CMP to appropriate clinical guidelines would often suffice. She urged a sensible and flexible approach in the use of extended prescribing rights. Dr Crown strongly supported independent pharmacist prescribing and was convinced that without their introduction pharmacists' skills would not be used to their fullest.

Barbara Stuttle CBE, chair of the Association for Nurse

Prescribing, called on Government to "give [nurses] the whole of the *BNF*". She attacked the CSM for failing to appreciate the professionalism of nurses and for insisting on a ludicrous system whereby medicines and conditions were listed. Some nurses were unable to prescribe medicines they were competent to prescribe such as inhaled steroids. Nurses, she said, were professional enough to know where they were competent to prescribe.

She felt the current system for extended nurse prescribing was cumbersome. Too many questions needed to be asked. For example, what is and what is not a "minor injury"? Nurses will probably just do it and ask for forgiveness rather than permission.

Dr Colin Fitzpatrick, medical adviser, EHSSB, told the conference that there was nothing new in extending prescribing rights but the last big shake-up was in 1858 when all medical

practitioners were granted prescribing rights. He identified a number of practical challenges for independent nurse prescribing.

Nurses needed to carry two cipher numbers: one that identified them as a supplementary prescriber and one that identified them as an extended nurse prescriber. Both numbers were printed on their prescription forms (HS21 N) but nurses also needed different forms for each medical practice they worked with. Some nurses – those working with travellers, for example – were not attached to a GP practice and this caused problems finding budgets from which drugs could be paid.

When prescribing, nurses needed to identify, by deletion, the appropriate cipher number, the authority (independent or supplementary) by which they were issuing the prescription. This could cause confusion for the dispensing pharmacist.

Dr Fitzpatrick told the audience that in Northern Ireland 25 pharmacists had qualified as supplementary prescribers and about 10 had now registered with the Pharmaceutical Society of Northern Ireland. He said that 10 community based pharmacists would qualify in coming months and Area Health and Social Services Boards would be supporting these pharmacists in establishing practice models for community based supplementary prescribing.

Dr Norman Morrow, chief pharmacist, DHSSPS, chaired the afternoon session and told the conference that with prescribing rights came considerable responsibilities. He said that both



Dr June Crown

Thousands of pharmacists already use us for their motor insurance

The reasons will be clear. Call us on **0800 216 118** for a quote.

[www.p-m-i.co.uk](http://www.p-m-i.co.uk)

Member of the General Insurance Standards Council

Mutually exclusive for you.



Pharmacy Mutual Insurance

first for Pharmacists





nurses and pharmacists taking on prescribing responsibilities must be "confident, cautious and competent". They must know what they are doing as the current cost of adverse events from medicines was £30 million per year in N Ireland and it was important that extended prescribing rights did not add to this cost.

Professions should not try to "cherry pick" conditions for which they will prescribe but must be competent across a range of conditions. Failure to do this would be a disservice to patients.

Professor Peter Maxwell, consultant nephrologist, Belfast City Hospital, described how supplementary prescribing by pharmacists Angela Mitchell and Catriona Donnelly had vastly improved the effectiveness of a pharmacist-led renal anaemia clinic that prescribed erythropoietin (Epo).

The "Epo Clinic" had been set up in 1999 but required consultant input in prescribing. Now supplementary prescribing allowed rapid access to Epo by

renal patients. It assured efficient use of an expensive drug, and it made the best use of the pharmacists' skills. However, access to records was still causing problems and was being addressed. The success of this initiative meant that there were now plans to have supplementary prescribing pharmacists at the eight renal dialysis centres across Northern Ireland.

Mrs Hilary McKee, senior clinical pharmacist (rheumatology), Antrim Area Hospital, described how supplementary prescribing worked in a pharmacist led rheumatology clinic. Currently she saw about 10 patients per week and using patient specific clinical management plans, was able to alter doses of DMARDs and other drugs. Working in secondary care, she liaised directly with patients' GPs, as most of her work involved out-patient care.

Often she sent information to community pharmacists, particularly where patients had identified compliance problems. She confirmed that CMPs were

not complicated and generally most patients used slight modification of a generic CMP developed by the clinic.

In a joint presentation from Dr Ultan McGill and Emer Murphy, a practice nurse, the audience were shown how an independent nurse prescriber was managing up to 50 per cent of a GP's workload using independent nurse prescribing. Nurse Murphy had

developed expertise in the management of COPD and asthma, psoriasis and minor ailments.

The drawbacks were the limitation in what she could prescribe, particularly citing her inability to prescribe inhaled steroids. She praised the involvement of her local pharmacist who was an essential member of the prescribing team.

In summing up, Dr June Crown felt that there was "a different pace of things" in Northern Ireland and what she had heard during the conference convinced her that Northern Ireland was ideally placed, due to its size, its professional relationships and systems flexibility, to lead practice developments in independent and supplementary prescribing. She was keen that a proper evaluation of the benefits of independent and supplementary prescribing be undertaken.

We need to know, she said, if these changes will lead to improved clinical outcomes and if services are becoming more patient friendly.



**Dr Norman Morrow**

If you work in Healthcare  
see a specialist

Make it happen

To arrange to speak to a Healthcare Manager, call us now on

**0800 521 607**

[www.rbs.co.uk/healthcare](http://www.rbs.co.uk/healthcare) Ref: HLCD

At The Royal Bank of Scotland we recognise that healthcare is a specialist sector. Which is why we have dedicated Healthcare Managers. Financial specialists who only work with healthcare professionals. And who are trained specifically for the healthcare market.

And because our Healthcare Managers are typically in their role for at least 3 years, you can rely on them being around to help when you need them.

To arrange for one of our Healthcare Managers to contact you please call us on 0800 521 607 quoting ref HLCD. Calls may be recorded.

 **The Royal Bank of Scotland**

# FAMILY DOCTOR BOOKS

## Health education in primary care

Community pharmacies will increasingly be encouraged to provide health education for patients.

The BMA Family Doctor Books are a genuinely patient-centred information resource that pharmacists can depend on to help in their extended role within primary care.

Features of the BMA Family Doctor Books:

- **Up to date** – the books are reviewed annually
- **Accurate** – written by NHS consultants
- **Affordable** – priced at only £3.50
- **Evidence-based** – the books cover mainstream medicine
- **Appealing** – magazine style and comprehensively illustrated
- **Independent** – free of commercial sponsorship or bias



### Contact details:

If you are interested in stocking the BMA Family Doctor Books, or have any questions, please telephone Mark or Beverley on 01202 668330.

**Family Doctor Publications Ltd**  
PO Box 4664  
Poole BH15 1NN

Tel: 01202 668330

Fax: 01202 668331

Email: [familydoctor@btinternet.com](mailto:familydoctor@btinternet.com)

Published in association with

# The British Medical Association



In the first of three articles, *Professor Danny Burke* explains what cytochromes P450 are and what they do

## Just a CYP

Medicines datasheets often warn about drug interactions and adverse effects that involve "CYP". For example: "Loratadine is metabolised by CYP3A4 and CYP2D6. Concomitant administration of other drugs that inhibit or are metabolised by these enzymes may result in adverse effects."

What are CYPs and why do they feature so frequently? CYP3A4 and CYP2D6 are two different members of a large group of enzymes, collectively known as the cytochromes P450 group.

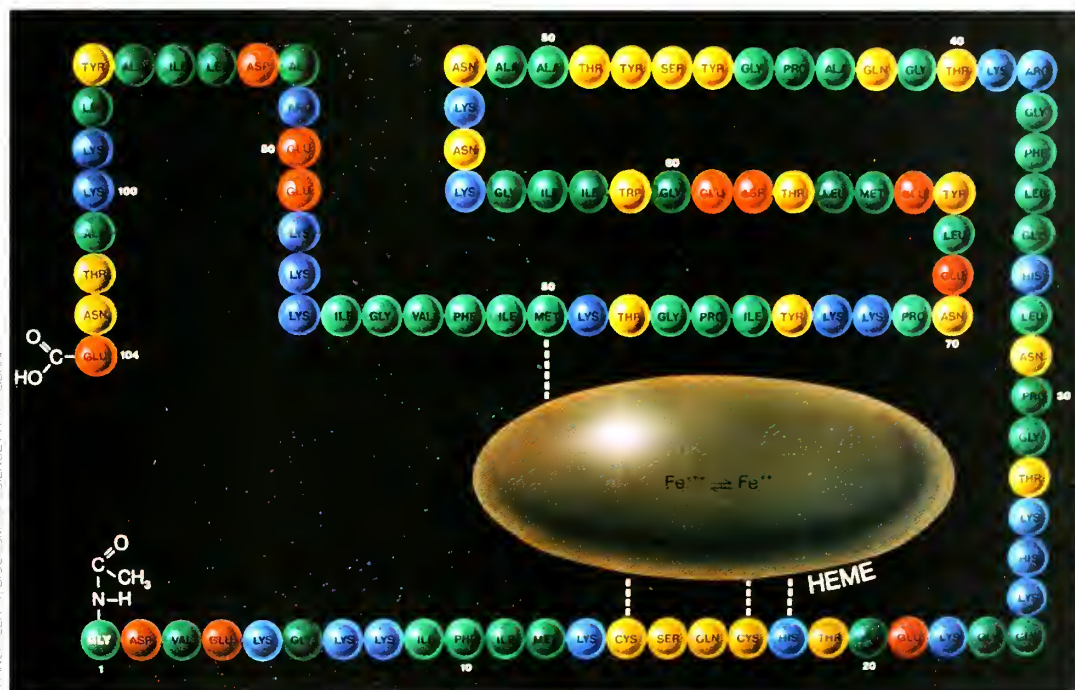
The reason why these enzymes feature in datasheets is that they metabolise drugs, that is, bring about changes in the drugs' chemical structures. These changes generally inactivate and detoxify the drugs and facilitate their eventual excretion from the body.

Problematical drug metabolism is a major cause of clinical drug interactions and dose restrictions. Anything that affects the CYPs can slow down or speed up the rate of metabolism, inactivation, detoxification and excretion of administered drugs. This can lead to excessive or inadequate pharmacological effects, which are often undesirable and sometimes fatal. Most dangerous of all is when these effects are not predicted.

CYPs feature in drug interactions and adverse effects mainly because their ability to metabolise a drug can be:

- inhibited by other drugs
- induced (increased) by other drugs, or
- affected by inherent genetic variability.

This article is the first of a pair designed as a simple introduction or refresher on the importance of CYPs. They are aimed principally at readers who have either never studied CYPs at university level or last studied it many years ago. The bibliography is limited to articles that are freely available on the internet without the need to access



**Humans have more than 50 different forms of CYP, but 90 per cent of medicinal drugs are metabolised by just five CYP forms**

a university or hospital library. This article describes the salient features of CYPs, while the second will examine the role of CYPs in drug interactions, adverse drug effects and certain diseases.

This year marks the 40th anniversary of the main publication that announced the discovery of cytochrome P450. The name cytochrome P450 denotes its unique characteristic of absorbing light optimally at a wavelength of 450nm when in the presence of a chemical reducing agent and carbon monoxide. CYP is the modern name for cytochrome P450, or rather for the cytochromes P450, for this is a vast and ancient family of enzymes, more than two billion years old, comprising over 3,000 different genes and present in most current phyla and species, including bacteria, insects, plants, fish, birds and mammals.

Humans have more than 50 different forms of CYP. The importance of CYP for pharmacy and therapeutics is that around 90 per cent of medicinal and recreational drugs are metabolised by just five of these CYP forms in humans: CYP3A4 (40 per cent), CYP2D6 (20 per cent), CYP2C9 (10 per cent), CYP2C19 (10 per cent) and CYP1A2 (10 per cent). As a result, these five CYPs are major determinants of the intensity and time course of drug action and are a major cause of drug interactions and of variability in drug response between individuals (inter-individual variability). A further four CYPs account for most of the remaining 10 per cent of drug metabolism in humans: CYP2A6, CYP2B6, CYP2C8 and CYP2E1. The descriptions in this article relate only to CYPs that metabolise drugs, although there are several other human CYPs that do not metabolise drugs and

have some quite different characteristics.

### Metabolism

Most drugs are metabolised extensively. Some drugs are inactive in themselves; it is their metabolites that are active. CYPs act in concert with several other enzymes in the overall scheme of drug metabolism, but CYPs feature in 90 per cent of all drug metabolism in humans. Most drugs are converted by CYPs to metabolites that are themselves subsequently metabolised by other enzymes. Drug metabolism is, therefore, commonly described as having a "phase 1" (carried out by CYPs) and a "phase 2" (carried out by the other enzymes) (Figure 1).

A minority of drugs are metabolised directly by phase 2 enzymes without prior involvement of CYPs; this can

Continued on page 24 ►

have a major bearing on drug interactions. For example, triazolam is metabolised by CYP3A4 and is subject to interactions with drugs that inhibit CYP3A4, whereas lorazepam is largely free of this problem because it is metabolised mainly by direct glucuronide conjugation.

Although metabolism by CYPs results most often in the deactivation and detoxification of drugs, sometimes metabolites are formed that are pharmacologically active (for example, from diazepam) or toxic (for example, from overdoses of paracetamol). Metabolism is one facet of a group of drug characteristics known by the acronym 'ADME' (absorption, distribution, metabolism and excretion), which cover everything other than the efficacy and toxicity of the drug. Unsuitable ADME characteristics are the cause of around 40 per cent of drug failures for pharmaceutical companies during the development stage.

CYPs occur mainly in the liver. They are located inside cells as part of a membrane network (the endoplasmic reticulum), which looks under the electron microscope like spaghetti filling the space inside cells. When biochemists break up cells for experimentation, the endoplasmic reticulum breaks into minute vesicles, called microsomes; hence the expression "microsomal

drug metabolism". CYP3A4 is the most abundant form, accounting for 40 per cent of all the CYPs in liver.

CYPs also occur to a lesser extent in other tissues, for example small intestine, lung, kidney, brain and the nose. CYP3A4 is particularly important in the cells that line the small intestine (enterocytes), where it makes up over 70 per cent of all CYPs and metabolises many drugs during the process of absorption; this can result in low bioavailability as only a small proportion of the oral dose is left unchanged to enter the bloodstream. Inhibition of enterocyte CYP3A4 can be a more important cause of clinical drug interactions than inhibition of hepatic CYP3A4, for example in ketoconazole inhibition of cyclosporine metabolism.

The derivation of CYP names, which gives meaning to the assortment of letters and numbers (such as CYP3A4), is based on amino acid sequences. It has little relationship with functionality and can be ignored for our purposes. For example, CYP2C19 plays the major role in metabolising omeprazole but the close structurally related form, CYP2C9, plays none.

The names themselves matter a lot, though, because each form of CYP has a characteristic set of drugs that it metabolises, and the drug interactions and

inter-individual variations it is involved in.

## Specificity – the key to understanding

Type the phrase "clinically significant important CYP drug interactions or polymorphisms" into the internet search engine, Google, and you will find a plethora of lists with a bewildering number of CYP-dependent drug interactions and genetic deficiencies. However, not every drug interacts with every form of CYP. The key to understanding and predicting this is specificity; that is, for each individual form of CYP the precise and characteristic list of drugs it metabolises and by which it is inhibited or induced.

A defining characteristic of those CYP forms that metabolise drugs is their sheer promiscuity. Most enzymes in general, and most of the CYPs in plants and micro-organisms, are highly constrained as to which chemical structures they can metabolise. In contrast, the drug metabolising CYPs each appear to be able to metabolise a vast range of different drug structures.

Nevertheless, broad yet distinctive drug structure preferences of CYPs have been identified. Some forms are eclectic and able to metabolise many different structures (for example, CYP3A4), while other forms are more selective and metabolise only drugs with particular structural attributes

(for example, CYP2C9).

## Substrate specificity

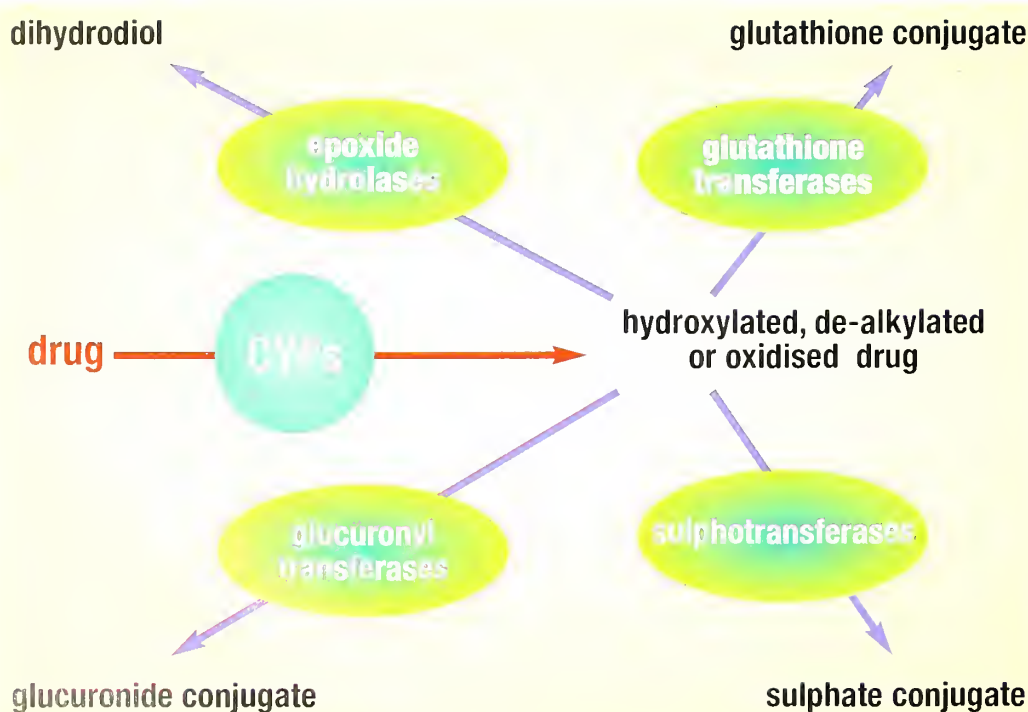
CYPs are squat, rounded cone shaped proteins with an iron atom near their centre. The iron is held caged as a nitrogen-containing molecule called haem. It is this iron that gives CYPs their ability to metabolise drugs, by binding a molecule of oxygen and transferring one oxygen atom to the drug. The drug itself approaches the iron through a system of channels and pockets in the surrounding protein, which flex to accommodate and admit the drug. The 'choosiness' of each CYP about which drug structures it can metabolise is its substrate specificity.

There are major differences in substrate specificity between CYPs. These are due to differences in the size, shape and flexibility of their channels and pockets and in the exact positioning of key amino acids in them. Certain amino acids in the CYP pockets can bind to specific atoms in drugs and in so doing present the drug in a specific orientation to the iron atom, thereby determining to which atom of the drug the oxygen of metabolism is added. This helps explain why, for example, ibuprofen is metabolised by CYP2C9 whereas indoramin is metabolised by CYP2D6.

The list of drugs metabolised by each CYP is long, but representative examples include theophylline (CYP1A2), nicotine (CYP2A6), cyclophosphamide (CYP2B6), paclitaxel (CYP2C8), warfarin (CYP2C9), omeprazole (CYP2C19), thioridazine (CYP2D6), isoflurane (CYP2E1) and cyclosporine (CYP3A4). Long and complete lists are readily available on the internet.

Many drugs are metabolised by more than one CYP. For example, omeprazole is metabolised by both CYP2C19 and CYP3A4, while amitriptyline can be metabolised by five different CYPs. CYP specificity is even exquisite enough to distinguish between optical isomers. Warfarin is a racemic drug comprising both S- and R-optical isomers (enantiomers), with S-warfarin being a more potent anticoagulant than R-warfarin. S-warfarin is metabolised mainly by CYP2C9, whereas R-warfarin is metabolised by CYP1A2, 2C19 and 3A4.

Substrate specificity is usually ascertained first in test tube experiments (*in vitro*) using human CYPs or human tissues and subsequently confirmed in





live humans (*in vivo*) by comparison with a cocktail of specifically chosen drugs, each of which is a marker for a particular CYP. It is important to remember that drug concentrations achieved *in vivo* are generally low and that if higher concentrations have been used *in vitro* (as is often the case) a clinically erroneous specificity might have been deduced, which can mislead attempts to predict CYP-based drug interactions. For example, amiodarone *in vitro* at concentrations that are likely to occur *in vivo* is metabolised by both CYP2C8 and CYP3A4, whereas at higher concentrations *in vitro* only CYP3A4 plays a significant role. Lansoprazole at high concentrations *in vitro* is metabolised by CYP3A4 but at low concentrations, akin to those encountered *in vivo*, it is metabolised by CYP2C19. These discrepancies are caused by the enzyme kinetic characteristics of CYPs, which relate the rate of metabolism to the concentration of the drug.

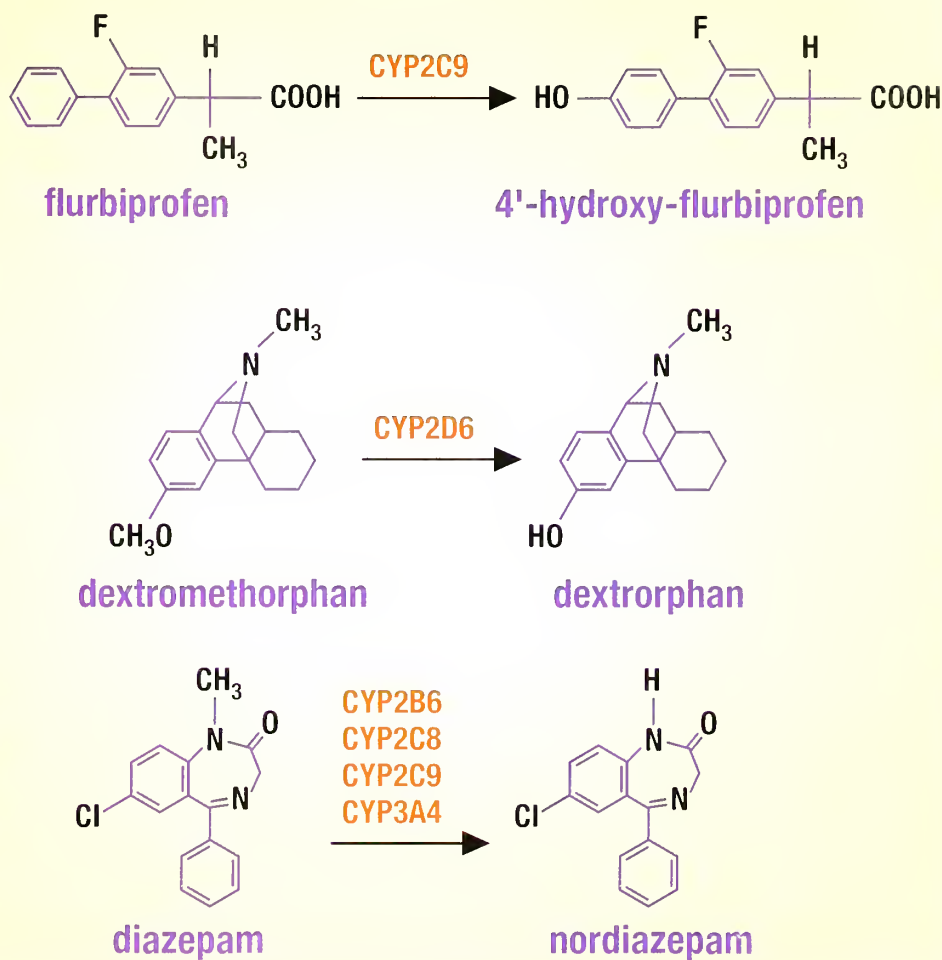
### Metabolic specificity

The changes wrought by CYP metabolism in the chemical structures of drugs are not random. Rather, they occur only with a number of clearly defined, small molecular motifs in the drug structure. Among the most common motifs are:

- the addition of a hydroxyl group (OH) to a carbon atom in a benzene ring
- the conversion of a methoxy group (OCH<sub>3</sub>) to a hydroxyl (O-dealkylation), and
- the removal of a carbon-hydrogen group from a nitrogen atom (=NCH<sub>3</sub>) (N-dealkylation) (Figure 2).

Many drugs are metabolised at more than one of their structural motifs and, frequently, different CYPs are involved. For example, omeprazole is metabolised both by hydroxylation at a carbon atom and by the addition of oxygen to a sulphur atom (sulphoxidation); the hydroxylation is carried out mainly by CYP2C19 whereas the sulphoxidation is catalysed mainly by CYP3A4. While diazepam is N-demethylated entirely by CYP3A4, it is hydroxylated at the carbon atom by a combination of CYP2B6, CYP2C8, CYP2C9, CYP2C19 and CYP3A4 (the evidence for CYP2C19 needs re-examining, however). Paclitaxel is metabolised by hydroxylation at two different places in its structure, by CYP2C8 at carbon

Figure 2: Three of the most common effects of CYPs: a) hydroxylation; b) O-dealkylation; c) N-dealkylation



atom number six (the main metabolic pathway) but by CYP3A4 at carbon number three.

Experimental animals are poor predictors of human CYP metabolism. For example, the main CYP metabolite of diazepam in rats is not significantly formed in humans.

Because of substrate and metabolite specificity, the relative importance of a CYP in clinical drug metabolism can be out of all proportion to its preponderance in the liver. For example, the structure of many drugs predisposes them to be metabolised by CYP2D6. Consequently, CYP2D6 is responsible for the metabolism of at least one fifth of all drugs and is the second most important CYP in this regard, yet it comprises only around 3 per cent of all the drug-metabolising CYPs in liver and is the ninth least abundant.

### Drug interactions, adverse effects and diseases

Part two of this article will examine the inhibition and

induction of CYPs by synthetic and natural drugs and chemicals in the diet (for example, fruit juices and herbs) as a major cause of drug interactions. It will also examine genetic deficiencies in CYPs (genetic polymorphism) as a cause of adverse drug effects and the role of CYPs in certain diseases.

### Selected bibliography (web addresses):

CYPs in clinical drug treatment (1998, 2002): [http://www.pharmj.com/pdf/hp/200206/hp\\_200206\\_cytochromes.pdf](http://www.pharmj.com/pdf/hp/200206/hp_200206_cytochromes.pdf)  
<http://www.aafp.org/aafp/980101ap/cupp.html>  
 Drug metabolism (2000, 2004): <http://home.t-online.de/home/kubinyi/dd-07.pdf>  
<http://www.issx.org/hisintro.html>  
 Importance of ADME in drug R&D in industry (2003): [http://www.chadvisors.com/services/advances\\_lead\\_optimization/sample.pdf](http://www.chadvisors.com/services/advances_lead_optimization/sample.pdf)  
 All you ever wanted to know about CYPs (2004): <http://drnelson.utmem.edu/CytochromeP450.html>

<http://www.icgeb.org/~p450src/>  
 The 40 year history of cytochrome P450 by its co-discoverer (1999): <http://www.upo.es/depa/mehdex/biocel/Bioquimica/documentos/Omura-99-BBRC-690.pdf>  
 CYP2B4 and CYP2C5 crystal structures (2003): <http://intl.pnas.org/cgi/content/full/100/23/13196#B1B1>  
 CYP drug interactions tables (1999-2004): <http://medicine.mpi.edu/flockhart/table.htm> (click on individual drug names)  
<http://www.edhayes.com/startp450.html>  
<http://www.anaesthetist.com/physiol/basics/metabol/cyp/cyp.htm>  
<http://psmi.org/communications/pharmacology/Cytochrome.pdf>  
 CYPs metabolising diazepam (2003): <http://home.ccr.cancer.gov/metabolism/mab1.htm>

Professor Danny Burke is dean of the School of Health, Natural and Social Sciences, University of Sunderland

# Newer antiepilepsy drugs as good as old



Lamotrigine and oxcarbazepine as monotherapy are as effective as older antiepileptic drugs for controlling partial seizures while being better tolerated, say US researchers.

This is important because the majority of patients who are seizure free are receiving monotherapy, say the authors in *Archives of Neurology*. Of 64 per cent of patients who were new to antiepileptic drugs before a study and became seizure free, 61 per cent were on monotherapy.

Data on other newer

antiepileptics – such as gabapentin, topiramate and tiagabine – compared to older drugs – such as carbamazepine, phenytoin and valproate – are less abundant and consistent than for lamotrigine and oxcarbazepine, say the researchers. Further research is necessary to establish how the remaining newer antiepileptics fit into the therapeutic area, conclude the researchers.

Professor John Duncan, National Society for Epilepsy medical director, said: "There

have been many overviews of older established and newer AEDs carried out recently in the UK and USA. In the UK, principally Cochrane reviews and the NICE health technology appraisal, that forms a part of the forthcoming comprehensive NICE epilepsy guidelines. In general the older and newer AEDs appear to have overall similar efficacy, but newer agents tend to have overall less adverse effects. As individual patients are all so different from one another, in clinical practice it is most useful to have a range of available therapies so that treatment options may be personalised."

The National Institute for Clinical Excellence is expected to publish its guidance on epilepsy diagnosis and management in children and adults at the end of this month. The existing guidelines on newer drug use in epilepsy recommend patients should only receive newer antiepilepsy drugs if they have not benefited from the older drugs or if they are contraindicated.

**For more information:**

*Archives of Neurology* 2004; 61: 1361-5

## Patients on antidepressants at dental risk



Patients taking antidepressants are at risk from dental side effects such as caries and gum disease, say US researchers.

Medication and the depression itself can lead to dental problems, says dentist and lead author James Little in *Dental Practice*.

Depression may impact on personal hygiene through a lack of self-care and drugs may reduce saliva production and cause dry mouth, and increase the likelihood of dental caries and gum disease.

Patients on antidepressants should follow an aggressive preventive dental programme including antiseptic mouthwash, daily fluoride mouth rinses and artificial salivary products, says Dr Little. Dry mouth encourages *Candida albicans* (oral thrush) to grow and patients may need treatment with antifungals too.

**For more information:**

[www.adm.org](http://www.adm.org)

## Sports doping list updated

All beta-2 agonists will be prohibited for use in and out of competition from January 1, 2005, the World Anti-Doping Agency announced last week.

In addition, alpha-reductase inhibitors finasteride and dutasteride, which are used in benign prostatic hyperplasia, are banned because they can be used as masking agents. Bupropion has been added to the monitoring program in the stimulants class within prohibited substances.

Fentanyl and its derivatives are now included in the list of banned narcotics. Meanwhile, topical preparations of glucocorticosteroids are no longer prohibited.

**For more information:**

World Anti-Doping Agency  
[www.wada-ama.org](http://www.wada-ama.org)

## Scriptlines

### Delfen

Janssen-Cilag has announced it is discontinuing Delfen Contraceptive Foam (12.5 per cent w/w nonoxinol-9) from November 1, 2004, across the European Union.

It advises alternative spermicidal contraceptives are available from Janssen-Cilag and include Ortho-Crème Contraceptive Cream (2.0 per cent w/w nonoxinol-9) and Orthofoam Contraceptive Pessaries (5.0 per cent w/w nonoxinol-9). Duragel (2.0 per cent w/w nonoxinol-9) from SSL is another alternative.

**For more information:**

Janssen-Cilag

Tel: 01494 567567

### Co-Diovan 80mg/12.5mg

Novartis has launched a lower dose version of Co-Diovan tablets (valsartan 80mg, hydrochlorothiazide 12.5mg) to add to the existing Co-Diovan products. It is available in a 28 tablet pack from October 1.

**For more information:**

See Price List

Novartis Pharmaceutical

Tel: 01276 692255

### Lisicostad HCT

Genus Pharmaceuticals has launched Lisicostad HCT (lisinopril and hydrochlorothiazide) tablets. Lisicostad HCT is available as 28-tablet packs in two dosages: 10mg or 20mg lisinopril both with 12.5mg hydrochlorothiazide.

**For more information:**

See Price List Supplement

Genus Pharmaceuticals

Tel: 01635 568400

### Almogran

Organon Laboratories took over the distribution of Almogran (almotriptan) from Lundbeck on October 1.

**For more information:**

Organon

Tel: 01223 432700

### Farlutal

Pfizer has announced it has discontinued Farlutal Tabs (medroxyprogesterone acetate) for commercial reasons.

Farlutal injection is still available.

**For more information:**

Pfizer Customer Service

Tel: 01304 645262



[NEWS](#) [FEATURES](#) [EDUCATION](#) [COMMENT](#) [INFORMATION](#)**Chemist & Druggist  
Online**

## dotPharmacy

Health and medicine news for UK pharmacists  
Delivered daily by Chemist & Druggist

### Thisweek

News from the pages of  
Chemist & Druggist

[Click here](#) to read this week's news

### Stoppres

Keep up with Pharmacy news  
as it happens

Read the [latest update](#)

### dotPharmacy gives you the latest news – and more!

There's [C&D Price List On-Line](#), a new service brought to you by *Chemist & Druggist*. You'll find all the information which appears in the printed *C&D Price List* and its weekly supplements. It's all searchable and it's updated every Friday. The Price List On Line service is free to all subscribers to *Chemist & Druggist*

You'll also find [Pharmacy Update](#). The site carries all of the active modules and questionnaires exactly as they appeared in *Chemist & Druggist*, freely available for download. And older modules – dating back to 1996 – can be found in the archive.

You can also access the [dotPharmacy Directory](#). This is the online companion to the printed *Chemist & Druggist Directory*. It contains information on over 10,500 companies under 1,862 classification headings covering all sectors of the pharmaceutical industry including manufacturing, chemists, retailers, hospitals and the public sector.

And did we mention the weekly poll, links page, extensive features section, diary dates...?

Now [Community Pharmacy](#) has joined the family - visit CP Online soon

...Click now

[www.dotpharmacy.com](http://www.dotpharmacy.com)

## Frontshop

### Seven Seas goes into action with JointCare

Seven Seas Healthcare is supporting its Seven Seas JointCare range with a winter press campaign until December.

The advertising will focus on JointCare ProJoint and the recently launched JointCare Max.

It will appear in national newspaper supplements and targeted consumer magazines including *Reader's Digest* and *Saga* magazine.

Seven Seas Cod Liver Oil is currently being supported with the dancing figures TV commercial which is on air nationally until November 19.

The press and TV activity is part of a £6 million investment for Seven Seas' cod liver oil brands this year.

**For more information:**  
Seven Seas Health Care Ltd  
Tel: 01482 375234

### Lemsip Flu 12hr visits every town

Lemsip Flu 12hr Ibuprofen + Pseudoephedrine will be in the public eye nationwide later this month backed by a £2.5 million outdoor campaign.

A range of posters for the pharmacy-only capsules (ibuprofen 300mg and pseudoephedrine



hydrochloride 45mg) will be displayed in every town/city in the UK for one week from October 25.

The majority of the posters will be backlit to increase their prominence.

**For more information:**  
Reckitt Benckiser Healthcare  
Tel: 01482 326151

### Natural approach to nits

A natural Australian range designed to help control head lice is being introduced into the UK.

Quit Nits will be sold exclusively through Boots for the next 12 months. Quit Nits Head Lice Remover and Hair Conditioning Head Lice Repellent Spray both contain QN50 which is derived from Australian sandalwood oil.

The head lice remover is claimed to prevent louse eggs from

hatching and to paralyse live lice within 10 minutes of application.

Both products are free from synthetic pesticides. Research conducted by manufacturer Wild Child shows that more than 98 per cent of Australian consumers are concerned at the prospect of using pesticides to treat head lice.

**Price: £9.99**  
Pack size: 125ml  
Wild Child  
Tel: 0115 8465868

#### Promotion

### Brainvit<sup>TM</sup> from HealthAid

Healthy brain function

The stress and pressure associated with our modern lifestyles may reduce the brain's ability to function optimally, resulting in reduced concentration and alertness. With this in mind, HealthAid have developed **BrainVit<sup>TM</sup>**, incorporating specific ingredients such as Phosphatidyl serine, CoQ10, Ginkgo, Alpha lipoic acid plus other essential nutrients and antioxidants to maintain the health of our brains. **BrainVit<sup>TM</sup>** is free from common allergens, suitable for vegans and



vegetarians, and retails at £14.99. Please call 020 8426 3400 for purchase and stockist information or visit [www.HealthAid.co.uk](http://www.HealthAid.co.uk).

**HealthAid**

## TVnext week

**Aquafresh:** All areas except U, CTV, GMTV

**Astral Moisturiser:** C4, five, GMTV

**Bassett's Soft & Chewy vitamins:** GMTV, Sat

**Bisodol:** Sat

**Bodyform:** C4, five, GMTV, Sat

**Canesten Duo:** All areas except CTV

**Clever White:** GMTV

**Just for Men** All areas

**Lucozade Energy:** All areas except U, CTV, GMTV

**Lucozade Sport:** All areas except U, CTV, C4, five, GMTV

**NiQuitin CQ:** GMTV, Sat

**Seven Seas Cod Liver Oil:** All areas except GMTV

**Syndol:** All areas

**XLS dietary supplement:** GMTV

**PharmaSite for next week:** **NiQuitin CQ** – window, **Heartburn Care range** – in-store, **Metanium** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



# Oops...

Are your customers  
troubled by  
bladder weakness?

**AVAILABLE NOW**

**The  
National  
Continence  
Check-up**



Should your customers need to use bladder weakness protection, there is a wide range of products available. TENA products are specifically developed to absorb urine, offering a high absorbency and thereby providing optimum security. The correct product will protect users most efficiently against bladder weakness and embarrassing odours, whilst allowing them total comfort. The choice of the most suitable product depends on your customer's particular degree of bladder weakness. The National Continence Check-up has been created to help your customers make the correct choice of TENA product.

For your **FREE 'Oops...'** Point of Sale material and in-store National Continence Check-ups, please call the **Pharmacy Advice Line** quoting C&D0210 on **0870 333 0874**

## Take the test

and find out which product offers you the right protection

women aged 20-44 start here	women aged 45-60 start here	women above age 60 start here	men above age 40 start here		
1	2	3	4	5	6
7	8	9	10	11	12
				13	
14	15	16	17	18	19
				20	21
22		23	24	25	26
					27
					28

Bladder weakness affects over four million men and women of all ages in the UK. One out of four women over 50 have experienced bladder weakness.

- Start the check-up at the top
- Scratch off the box under the question
- Answer the question in the box
- Continue until you have scratched off all the boxes
- The final box box will indicate the correct product or suggest another course of action

Please note that you should always seek an initial consultation regarding your continence options available to you. Should you require further advice, please call the Pharmacy Advice Line on 0870 333 0874.

**The National Continence Check-up.**  
Giving your customers the  
right solutions.



Supported by  
Dr. Chris Steele,  
GP and resident doctor  
on ITV's 'This Morning'  
programme

**Incontact**  
[www.incontact.org](http://www.incontact.org)

registered charity number 1085095

**The  
Continence  
Foundation**  
[www.continence-foundation.org.uk](http://www.continence-foundation.org.uk)  
registered charity number 1014429

**TENA**  
[www.tena.co.uk](http://www.tena.co.uk)

In association with these leading continence charities.



# Fisherman's Friend on the road

Fisherman's Friend is all set for winter with a £1 million marketing campaign from October to March 2005.

National newspaper and specialist press advertising promises consumers 'Relief from extreme conditions.'

In addition, the brand will be supported by a national outdoor campaign on 1,250 poster sites.

A new consumer sampling roadshow will run throughout November focusing on the Original Extra Strong and Cherry Menthol lozenges.

Sampling activity will also take place at the ice skating rinks at Hampton Court Palace and Greenwich Royal Naval College in the run-up to Christmas.



**For more information:**

Jenks Sales Brokers Ltd

Tel: 01844 293649

# Ear cleanser is back on TV

Passion for Life Healthcare is launching a three-week £800,000 TV advertising campaign for its Audiclean ear cleanser.

The campaign highlights the

dangers of using cotton buds for cleaning the ears.

**For more information:**

Passion for Life Healthcare

Tel: 01372 847272

# Cuddle up to Kool bear this winter

Kool'n'Soothe cooling gel sheets for children's colds and flu are being supported by a £1 million marketing programme this winter.

In a 'Stock up for winter deal' from October until December, pharmacies can obtain special point-of-sale and stock packs which include a cuddly polar bear that can be used for display purposes.

A TV campaign featuring a little girl with a cold will be on air in January.

**For more information:**

Maverick Sales & Marketing

Tel: 01628 478556



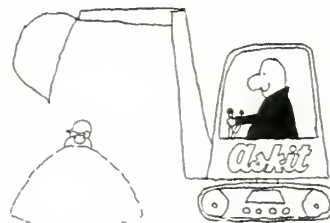
# Campaign builds up sales for Askit Powders

Askit Powders will be backed by a regional TV and radio campaign in Scotland this autumn.

The brand's cartoon 'builder' TV commercial will be on air from October 11 until November 21.

It features drawings of a builder demonstrating the agony of a daily headache and the speed of action of Askit Powders.

Listeners to the Scottish radio station Real Radio will be given the chance to win up to £1,000 by tuning into the station's Breakfast Show, presented by Robin Galloway and Cat Harvey.



The 'Ask Cat with Askit' radio competition will be trailed from October 20 and will go live from October 25.

**For more information:**

Askit Laboratories Ltd

Tel: 01236 458909

# Sure Crystal on a mission

What do screen icons Elvis Presley, Steve McQueen and James Dean all have in common?

All three feature in Lever Fabergé's new £2.2 million advertising campaign for Sure Crystal for men.

Three different advertisements show white deodorant marks on each of the male idol's dark clothes.

The strapline is 'don't let white marks ruin your image.'

In addition to press advertising, the campaign will appear on outdoor poster sites, bus T-sides and escalator panels.

A TV commercial will run for four weeks from October 4.

**For more information:**

Lever Fabergé

Tel: 020 8439 6100

# Focus on hectic life

Seven Seas is investing £3.5 million in an autumn TV campaign for its Advanced Formula Multibionta probiotic multivitamin.

The commercial will be on air from October 6 until the end of November with a particular focus on London and the South East.

Targeting new customers who lead hectic lifestyles, the campaign finishes with the message 'Multibionta - puts back what life takes out.'

**For more information:**

Seven Seas Health Care Ltd

Tel: 01482 375234

Did you nose that... Otrivine has the largest range of sprays and drops to treat your customers' nasal congestion?

No-one knows noses like Otrivine®

For further information contact Novartis Consumer Health, Freyburg, 1941-5AB



Contains Xylometazoline Hydrochloride



## Skill up or lose out

If you are not skilled up or accredited to provide advanced services you are in danger of losing out, both professionally and financially, Reckitt Benckiser has warned pharmacists ahead of its new programme of pharmacy contract workshops.

The evening sessions will run between November 15 and December 14 in 15 UK towns and cities.

They aim to help pharmacy staff prepare for the new contract

by building up skills in medicines use review. This will cover conducting a review, the importance of concordance, communication skills and documenting and recording the review.

There are also separate sessions for assistants on time management and customer service.

It is hoped that each workshop will attract NPA accreditation.

## It's hard to get children to eat healthily, survey finds

Nearly half of parents with children under 15 find it hard to know which foods are healthy, research by Developing Patient Partnerships has revealed.

Even for those parents who make healthy choices for their children, 65 per cent say they struggle to encourage their children to eat well, with 73 per cent blaming advertising of unhealthy snacks and drinks for making it more difficult. When children were asked about their eating habits, 70 per cent of those aged seven to 16 said they would

be more likely to eat healthily if their parents did. Meanwhile, 68 per cent of parents said they would eat more healthily if it encouraged their children to do so.

Developing Patient Partnerships is working with the National Obesity Forum on the "Get sussed, get healthy family challenge", which involves a reward card game available through DPP primary care organisations or from the website.

For more information:  
[www.sussed.uk.net](http://www.sussed.uk.net)

## Practice research award is up for grabs

The Health Foundation is now inviting applications for its Leading Practice Through Research award.

This is open to health professionals, including health involvement practitioners, health service managers, policy makers and primary care researchers who have ideas for research projects that make a direct difference to the quality of patient care or the

health of the population.

Successful applicants will benefit from personal development training and help in disseminating the results of the research. The awards are for a period of between six months and two years and will cover locum costs, personal development training, research and travel costs.

The deadline for applications is February 3.

## AAMW materials available

Ask About Medicines Week material for this year's event (November 1-6) is now available on the website.

This year's theme is Choice: enabling patients to be more

involved in treatment decisions.

An action pack for community pharmacists with support material is available containing full details.

For more information:  
[www.askaboutmedicines.org](http://www.askaboutmedicines.org)

# NO COMPROMISE!

An **EFFECTIVE** treatment for head lice which is **TOXIN FREE**

- ✦ **NO COMPROMISE** on efficacy – **IT WORKS!** Clinically proven to remove head lice and their eggs
- ✦ **NO COMPROMISE** on safety – **TOXIN-FREE** Non-irritant for skin and eyes. Suitable for asthmatics



**COMPLETE KIT containing:** Emulsion combing lotion + 2 combs (one with magnifying glass) + information leaflet

**MANX Healthcare**

"Lice Attack" is a CE-marked device. It is manufactured by Manx Healthcare, 1 Howden Drive, Warwick, CV34 9LX.  
Tel: 01926 461628  
e-mail: [info@manxhealthcare.com](mailto:info@manxhealthcare.com)  
[www.liceattack.com](http://www.liceattack.com)

**Lice Attack**





# brand aid

Getting employees to buy into the company's 'brand' can benefit business, says Steve Hemsley

If you asked your employees what makes your pharmacy special and how it differs from its competitors, many of them would probably just stare at you blankly.

It is all very well talking about customer service in external advertising and marketing literature, but if your staff are unaware of what it means in practice to be part of 'Joe Bloggs Pharmacy' and have no idea what the company's brand values are, your customers and suppliers will be sceptical too.

The term 'employee branding' may sound like a fluffy marketing industry initiative, but it is a strategy being implemented across British business as more and more bosses see it as a low-cost way to improve bottom line value.

The argument goes that if the staff believe

in what a company is trying to achieve and understand why their role within an organisation is important, they will convey their positive feelings to existing and potential customers, who will return time and again.

Firms that have an employee branding policy in place claim sales increase gradually over time and staff are retained for longer. This means money is saved on recruitment and training costs, and years of pharmacy knowledge remains locked inside the company.

"People must be clear about what their job is, what the objectives are and how their work affects the whole company and the work of others. Individuals also need to know their career path is being managed through regular training and that what they do is recognised by

their line managers," says Linda Burke, partner at human resources consultancy HBS.

She adds: "If this is done correctly people will feel proud about where they work. If they are talking positively about their jobs to friends and family as well as to customers it can only have a good effect on the company."

Retailers such as Boots and Asda are big supporters of employee branding. Any pharmacist joining Asda must spend two days with other 'colleagues' such as bakers and delicatessen counter assistants learning about the grocer's culture. During their induction a pharmacist will also meet Asda's head office pharmacy team.

Asda's pharmacy superintendent, John Evans, says it is vital people understand what



## Case study: Numark

Numark organised a country-wide roadshow to explain to its pharmacy members the importance of branding.

Chief executive David Wood was aware staff working within the branches needed to be clear about Numark's brand positioning in the market. The roadshow followed the publication of an Objectives and Strategy Document in 2001 which was mailed to members and explained what the 'Numark brand' actually stood for.

"Our brand values are about delivering minimum standards and differentiating ourselves from the multiples," says Mr Wood. "We have the third most recognised pharmacy brand in some parts of the country so all members must deliver on our stated brand values by conveying to their staff what Numark is all about."

He adds: "Pharmacy assistants receive a lot of product training from manufacturers so we are focusing on relationship training to help them liaise better with customers."

Numark, which begins its first television advertising campaign in October, was re-branded as Numark Pharmacies in 2000 with each member's name made more prominent on external signage. Mr Wood says this was an attempt to emphasise the advice people receive when they visit an independent.

"During the roadshows we showed pharmacists the results of market research into why the public use particular pharmacies and why it is important members erect the Numark fascia."

the company is all about and what is expected of them. "We stand for customer value and tell our pharmacists there is nothing unprofessional about actively selling to shoppers if necessary. We only take on pharmacists who are quite extrovert so their personality is arguably more important than a pharmacy degree. We need them to integrate with other people in the store and not shut themselves away at the back of the pharmacy," he says.

The starting point for any pharmacy business considering employee branding is to define its own brand values. Does the company have a point of difference over local rivals and how is it perceived by other pharmacies and its customers?

If you have trouble identifying your brand values then follow the example of leading companies in other industries. Accountancy giant Ernst & Young, for instance, boasts that its business stands for integrity, respect, energy, enthusiasm, teaming and courage.

A pharmacy's brand ultimately relates to its culture and the "way we do things around here" which will be based on its history and the current and previous management

structure. Factors such as whether a pharmacy is part of a family business or a national chain will influence how employees feel about where they work.

Lloydspharmacy's stated brand vision is "to be acknowledged by its customers, employees, suppliers and the NHS as the UK's leading pharmacy multiple", while Day Lewis believes its staff understand and benefit from the family culture it has managed to maintain despite its rapid growth.

## External and internal image

Moss Pharmacy has identified it needs to improve its external and internal brand image. In September it appointed Sarah Benton as general manager for marketing and she will oversee Moss's new branding strategy which will be announced in detail in October.

Another company implementing an ambitious branding programme over the next year is Rowlands Pharmacy. It has created a character called Rowland the Owl who reflects the company's brand values of wisdom, knowledge, respect and friendliness. Rowland the Owl graphics are appearing in-store, within advertising literature and on direct marketing material. Cuddly Rowlands toys are being produced for sale in each branch with half the retail price being donated to charity.

"Every year the management travel around the country to tell staff what the company is up to and the response to 'Rowland' has been very positive. If staff do not buy into a branding initiative such as this you might as well not bother because they are at the sharp end of the business," says marketing manager Mike Johnson.

One difficulty pharmacies can have is how to convince locums to live and breathe a company's brand in the same way permanent staff hopefully will. Full-time employees have a psychological relationship with their employer and a built-in loyalty which goes beyond a purely financial arrangement. Pharmacy owners and managers must spend at least some time talking to locums about what makes their business special, and why the service it provides is different from that offered by other pharmacies in the area.

One important element of any employee branding strategy is an ongoing reward scheme to acknowledge when staff perform a task which typifies one of the pharmacy's stated brand values. A person could have shown particular enthusiasm by working late, gone out of their way to help a customer, or a group of employees might have demonstrated effective teamwork.

The rewards do not have to be financial. A prize could be something extremely cost-effective such as letting a pharmacy assistant go home a couple of hours early. If someone

## Case study: UniChem

The recent appointment of UniChem's new director of human resources, Amanda Butler, is a demonstration of how seriously the company takes the issue of employee branding.

The stated brand values against which all UniChem's business objectives are set are innovation, partnership, service, strong presence within the market and excellence.

Ms Butler has introduced a reward scheme called Go The Extra Mile where staff can nominate colleagues who do something special in line with these brand values.

In another important move, the words 'our people' have been added to the company's vision statement. It now reads 'our people will deliver exceptional innovative service and added value to our healthcare professionals'.

"The secret is not to over complicate things. You need to get the right brand message to the right people so they know why their role in the company is so important," says Ms Butler.

She has introduced an employee attitude survey which will be conducted every two years. One of the questions asks if an employee would recommend UniChem as a place to work. In the first survey around 90 per cent said yes.

"When I was recruited the company had gone through a massive change and was more operational focused. It needed a human resources specialist to ensure the staff were on board to help take the business to the next level."

reaches a particular target or goal why not let them park in the pharmacy owner's parking space for a week as a prize?

A&H Pharmaceuticals has invested a significant sum in employee branding and has a 'Vision Champion' in every branch to ensure staff understand what it means to work for the company. Its brand values include getting closer to the customer, trust and open communication, and a focus on improvement and performance. An analysis of employee attitudes takes place every two years.

"You need your employees to understand what you are trying to achieve because if they do not reflect your brand values your customers will notice the lack of connection between what you are saying in external marketing and their actual experience," says A&H group managing director Steve Dunn.

Employee branding is all about ensuring the staff are as passionate about a business as the people who own it. Everyone needs to understand the brand values that differentiate their pharmacy from the one down the road and feel they are listened to and their work is appreciated. All a bit touchy-feely maybe, but essential if any modern-day business is to thrive. ☺

# Chief summit

Clinical governance has been described as "by far the most high profile vehicle for achieving change in the NHS", Jim Smith, England's chief pharmacist told delegates.

Pharmacists across all sectors of the profession have demonstrated high standards of quality in their work but it shouldn't be an "optional extra", he said.

Dr Smith touched on four areas where clinical governance could improve standards: in cutting medication errors; supporting OTC sales; in CPD; and in service quality and medicines' risk management.

There is already a "profusion of good practice" coming from pharmacists in the primary and secondary sectors showing how medication errors can be cut, Dr Smith said. Accepting that there did "appear to be some barriers" to pharmacists reporting errors, Dr Smith said it was important to capture all the data. He said pharmacists could report information anonymously to the National Patient Safety Agency.

Highlighting the recent POM to P reclassification for simvastatin, Dr Smith said ministers were strongly committed to the switching agenda. But, as there were more switches planned, he warned that OTC sales must be incorporated within quality frameworks in order to avoid publicity such as the *Which?* report in February.

He expressed "serious concern" about the methodology used by *Which?* and rejected the sweeping suggestions it made. It was a huge leap from the results to their conclusions, Dr Smith suggested. CPD as a fundamental principle is "non-negotiable", Dr Smith said.

This year's British Pharmaceutical Conference started in Manchester this week: Gary Pragpuri, Asha Fowells and Adrienne de Mont report



The UK's four chief pharmacists: (left to right): Jim Smith, Norman Morrow, Carwen Wynne-Howells and Bill Scott

Dr Smith also ruled out legislation to ensure original pack dispensing. "We will not legislate to compel it," he said, but added that there would be legislation for "some degree of rounding".

Norman Morrow, Northern Ireland's chief pharmacist, highlighted how pharmacists could be better utilised in secondary care to improve patient care, build partnership working, increase patient safety when using medicines, and increase continuity of care across sectors.

Hospital services in Northern Ireland had been re-engineered to include pharmaceutical input at all stages of the patient journey, he said. This had increased the efficiency of the total service.

Patients, on average, left hospital four days quicker, and re-admission levels had fallen significantly. Pharmacist triage in A&E departments also prevented 10 to 15 per cent of admissions, Dr Morrow said.

Bill Scott, Scotland's chief pharmacist, highlighted the drivers behind Scotland's new pharmacy contract. These included the country's "appalling health record", the national strategy for pharmaceutical care, a modernisation agenda, which was shared by all the home nations, and Scotland's position on OFT, which was to protect the pharmacy network.

He said there was a realisation that pharmacy was "part of the

solution" when it came to achieving health policies. "We have to evolve from 'pharmacy in the high street' to 'healthcare in the high street embedded in the NHS'," he told delegates.

He cited a recent visit to a community pharmacy, where a local consultant was carrying out non-invasive surgery on the premises, as an example of what could be achieved.

But the pharmacy profession could not be expected to deliver this on its own, he said. Scotland will ensure pharmacists get access to the medicines information service, will support supplementary prescribing and will "press" for independent prescribing. How can pharmacy provide best care for patients if independent prescribing was "denied", he asked.

Carwen Wynne-Howells, Wales's chief pharmacist, highlighted how technology could be a catalyst for change. Policies among the UK's health departments shared a core aim to deliver ETP, electronic payment, and to engage pharmacy as part of the NHS, she explained.

Nevertheless, IT represented a rapidly changing environment and capacity must be built into the system at the start to meet future needs. In addition, within the UK, it was important to recognise that the population was becoming increasingly IT literate and were used to shopping and banking online, so why could this not include medicines and pharmaceutical services? It will be the public who determine the direction of travel of investment in IT systems, she said.

But automation also needed to be used imaginatively. "Do not underestimate the [positive] impact these systems will have on your working life," she said. They increased capacity in the system and allowed staff to be redeployed to more patient-focused areas. "We need to be looking critically at staffing resources and how we use that to best effect," she said.

## LPS funding review to follow contract

Funding for local pharmaceutical services will be looked at once the new pharmacy contract negotiations have been finalised, Jeannette Howe informed BPC delegates.

The Department of Health's head of pharmacy and prescriptions was responding to questions asked at Monday's session, 'LPS in action.' She

added that payment for services under the enhanced tier of the new contract had been facilitated by pharmacists piloting such services under LPS, as it had given the DoH an indication of what PCTs were prepared to pay.

Earlier the assembled delegates had heard community pharmacist Riaz Esmail say LPS had given pharmacists the capacity to

prepare for the new contract. Now they had experience, they could "hit the ground running" and there would be less uncertainty about providing new services, he said.

Rowlands pharmacy service development manager Nicola Roe said her experience in the Salford LPS pilot had been "a tremendous learning experience".

The opening of the Charlestown and Lower Kensal Wellbeing Centre under the project had raised the profile of community pharmacy, as well as delivering visible patient gains. But she expressed concerns about the future, highlighting NHS LIFT, the impending pharmacy contract and future staff training and development as particular issues.



# Cost of drug development is unsustainable, warns NICE chief

The current cost of bringing new drug molecules to the market is not sustainable, National Institute for Clinical Excellence chairman Professor Sir Michael Rawlins told BPC delegates.

In his keynote address, Professor Rawlins explained that the cost of drug development from discovery to marketing authorisation had been estimated as \$800 million per molecule and was rising at approximately 10 per cent annually. This meant all components of the process required looking at closely, he said.

Several aspects of pre-clinical



Sir Michael Rawlins

safety studies are of limited value and do not offer value for money, such as single-dose toxicology investigations. Further, traditional clinical development methods – double-blind trials – are not appropriate for all drugs, and alternatives should be explored, he added. These include:

- implicit and explicit historic controlled trials – eg insulin for diabetic ketoacidosis
- ‘before and after’ studies – eg hip replacement
- case studies
- registries – for products that were given to patients but not necessarily used, eg

implantable defibrillators

- epidemiological techniques – eg smoking and lung cancer.

To ensure sustainability for drug development, Professor Rawlins concluded there is a need to develop evidence-based approaches to pre-clinical safety evaluation. In addition, clinical trial phases could be integrated, novel approaches to clinical evaluation (eg different methods of statistical analysis) should be sought, and value for money in terms of drug cost effectiveness should be given serious consideration, he said.

## A checklist for living with the new contract

Outlining the principles behind England's national pharmacy contract, Steve Williams, chairman of PSNC's contract and planning committee, said it was designed to fully fund the essential and advanced NHS pharmacy services.

Speaking at a BPC seminar on living with the new pharmacy and GMS contracts, Mr Williams said there should be no cross-subsidy between services; funding should be evidence-based; the distribution of money must reward both small and large contractors; and the money must deliver a fair return on contractors' investment.

PSNC still had to agree the distribution arrangements, he said, but added that a start date of January was “not out of the question”.

Although the enhanced services are not included in the global sum, PSNC will agree national benchmark standards and prices – but these will be open to local negotiation.

In preparation for the contract, contractors should consider how



Steve Williams

they will use staff to deliver services; how consultation areas will be deployed and if they will be ‘future proofed’ by including equipment such as sinks; what new IT systems might be required; make bridges with other health professionals; and find out what services PCTs will want to commission, Mr Williams said.

As PCTs will carry out pharmaceutical needs assessments (PNAs) to determine what services to commission, LPCs should build links with PCTs to support contractors and to negotiate for the enhanced services.

Mr Williams said PCTs should identify leads for implementing the pharmacy contract and must maximise the benefits within the core parts of the contract, as this is paid nationally, not by PCTs.

Once the contract is in place, PCTs will monitor compliance with clinical governance requirements, Mr Williams said. PCTs will visit, give advice if needed and, if pharmacies fail to comply, could take financial action.

David Jenner, GMS contract lead at the NHS Alliance, highlighted the lessons pharmacy could learn from the new GMS contract's implementation.

Don't underestimate the task; check the fine details regarding money; check how much is ring-fenced for pharmacy; and note

that ensuring equitable financial distribution is difficult, he explained. In addition, it should be noted that PCTs are “really stretched” he said.

Most GPs and PCTs were still struggling to understand the new GMS contract six months into its implementation, he said. Change will not happen overnight, he added.



David Jenner

## How did Shailesh Amin manage to retire early?

Soon you'll find out how to manage your business without having to work late.



# Understanding research to improve paediatric medicine use

**Dr Ian Wong** is this year's winner of the Conference Practice Research Medal. He lectured on his area of research, paediatric pharmacy, on Tuesday

Medicines use in children will only improve if effective health policy and research initiatives are developed.

This is the view of Ian Wong of the Centre for Paediatric Pharmacy Research, who is this year's winner of the C&D-sponsored BPC Practice Research Medal.

Although he has always been interested in the subject, Dr Wong's background is in pharmacovigilance and in previous roles he has conducted research into health services and public health. It was only when he joined the Centre in 2002 that he was able to put his interest on a formal footing.

The Centre for Paediatric Pharmacy Research is based at the University of London School of Pharmacy, and is a collaborative venture between ULSOP, University College London's Institute of Child Health and Great Ormond Street Hospital for Children NHS Trust. It was established in 2002 to carry out research on paediatric medicines, their formulation, delivery, monitoring and use and to study ways of optimising their use.

As Centre director and reader since 2002, Dr Wong says this is an area that has been under-researched for many years, and even now, the research capacity is insufficient. Part of the problem has been the UK medicine licensing system, he says.

Although this has been effective in ensuring the quality, safety and efficacy of most adult medicines, it has been very ineffective in doing the same for paediatric medicines.

The matter has been further neglected because of the lack of

clinical trials conducted using children, though this is due to finance and infrastructure problems rather than the technical and ethical reasons usually spoken of, points out Dr Wong. This has resulted in very few products being licensed in children, which makes evidence-based prescribing difficult. In turn, this puts children at higher risk of medication errors and adverse drug reactions, and in 1997, a House of Commons Health Select Committee deemed this situation unacceptable.

Since then, the UK has planned to introduce various regulations and initiatives to improve medicines use in children, including the recently published *National Service Framework for Children, Young People and Maternity Services*. However, many of the projects are still undergoing consultation or being prepared, such as the BNF for Children which is due out next summer, says Dr Wong.

The scarcity of licensed medicines for children means that pharmacist input to this area is essential, says Dr Wong. He cites formulation, requisition of specials and imported products, dispensing and prescription monitoring to prevent overdose, and counselling of parents and children as key areas. But to develop such paediatric pharmacy practice, the profession must know what the priority research areas are, and the reasons why, he warns.

Dr Wong states that the most important topics are collating evidence to support prescribing in children, particularly in the area of psychotropic drugs; medication safety; medicine administration in



**Dr Ian Wong, centre, with Professor James McElroy of Queen's University Belfast, left, and C&D special projects manager Patrick Grice**

different care settings, eg schools; and ensuring there is enough capacity for research on these themes.

Psychotropic medication prescribing has changed significantly over the last few years, says Dr Wong. He adds that SSRI prescribing for depression is a current "hot potato" and says a lack of evidence has caused significant problems in this area. To bridge the gap, Dr Wong and his team have done one study on the prescribing of psychotropic drugs in several countries, and another looking at paediatric antidepressant use in the UK. Both research papers are due to be published in the *Archives of Disease in Childhood* before the end of the year.

Further, the Centre team has conducted a literature review into paediatric medication errors. This showed dosage errors to be the most common type, and highlighted a particular problem with calculation errors. Dr Wong says research is urgently needed to identify effective interventions to prevent patient harm. To this end, the Centre has recently completed a study looking at prescribing and dosing errors made in a children's hospital.

On the topic of medicine administration in different care settings, Dr Wong cites research

showing that less than 50 per cent of London primary school headteachers have read the 1996 government-issued guidance document *Supporting Pupils with Medical Needs*. These results have led to funding being sought to develop pharmacist-led programmes to improve medication use in schools, he adds.

Research into all priority areas is currently fragmented and underfunded, and there is no way to develop researchers in paediatric clinical pharmacology and pharmacy, says Dr Wong. However, this is slowly being redressed with the DoH recent announcement of funding to set up a UK paediatric medication research network.

Future research Dr Wong has in the pipeline includes:

- Developing new methods and a new database for paediatric pharmacoepidemiology and drug safety to support research.
- DoH-funded studies into the safety of antidepressant and antipsychotic medicines in children to support prescribing.
- Patient Safety Research Programme-funded project into paediatric medication errors to help the National Patient Safety Agency decide which interventions warrant further research and funding.



## Patient behaviour link to adherence to regimes

Pharmacists must understand why patients do not take their medicines before attempting to improve adherence to medication regimes, a professor of healthcare told BPC delegates.

Patient behaviour is the link between effective drug treatments and optimum outcomes, said Professor Rob Horne of the University of Brighton (*right*). Only by tackling this will pharmacists reduce the non-compliance estimated to affect 30-50 per cent of medicines prescribed for long-term illnesses, he warned.

Factors influencing patient adherence may be divided into two categories:

- Specific beliefs regarding

medication or disease – patients' perceptions of the need for medication to maintain or improve their current and future health tend to be linked to symptom experience, and must be balanced against concerns about any negative effects.

● General beliefs about medicines as a whole – medicines may be considered harmful or addictive, and patients may be concerned about over-prescribing by doctors.

But patient beliefs are not set in stone and can be changed through education and negotiation, Professor Horne said. Only by tackling these factors can healthcare providers help patients make informed treatment decisions, he added.



Professor Horne: "Patient beliefs are not set in stone"

## Build trust with GP for the future

Repeat dispensing will have a natural link with medicines use reviews under the new pharmacy contract, delegates were told.

But GPs and pharmacists will need to have a robust system in place that allows for changes to be made in between patients' annual GP visits, Duncan Petty of Leeds University said. This will rely on trust between the two health professionals, so pharmacists must start building relationships with their local GPs ahead of the new contract rollout, he added.

Presenting a paper on the stability of repeat prescriptions and the implications for instalment dispensing, Dr Petty said his research had found only 21 per cent of patients had repeat prescriptions that did not change

over a year. Over a fifth of patients included in the study had at least one drug added, 11 per cent had an item stopped and 3 per cent experienced a dose change.

However, Dr Petty commented that his experience had led him to believe that pharmacist-led medication reviews would lead to many more changes. While these usually received GP agreement, implementation of the changes was often slow, and was best overcome by pharmacists altering patient records themselves. While this was currently achievable by pharmacists who had access to patient records in GP surgeries, shared patient records via IT links would provide a better solution in the future, he concluded.

## Scheme met resistance

Minor ailments schemes may not be appropriate for all PCTs and there may be better ways to spend the money.

Areas with ethnically diverse populations may encounter resistance to using such schemes, a study into an East Birmingham PCT project found. Although 68 patients were referred from their GP practice to a participating community pharmacy in a two week period in the Washwood Heath area of the city, nearly the

same number refused referral.

Reasons given by patients for this behaviour included concerns around privacy, uncertainty about the ability of pharmacists to diagnose minor ailments and increased confidence in GPs over pharmacists. This may be due to cultural factors, said Aston University's Chris Langley, who presented the research.

He said many patients reported a preference to see the doctor as they were already in the surgery.



**order online!**

# Three Pears Ltd

**Wholesale**

**Toiletries**

**Fragrances**

**Pharmaceuticals**

**Household Goods**

Three Pears Ltd., established in 1973, is one of the UK's leading distributors of wholesale toiletries, fragrances, pharmaceuticals and household goods. Visit our new website, offering online ordering and delivery throughout the UK.

**[www.threepears.co.uk](http://www.threepears.co.uk)**

THREE PEARS LIMITED, STATION ROAD, BLACKHEATH, WEST MIDLANDS, B65 0JY  
TEL: 0121 559 5351 | FAX: 0121 559 5353 | EMAIL: SALES@THREEPEARS.CO.UK



# Repeat business

As pharmacists prepare to take on responsibility for repeat dispensing, a BPC seminar looked at the lessons learnt from two existing pilots

A year after it began, nearly 18,000 items have been dispensed via Coventry PCT's repeat dispensing project and about 3,500 items are currently dispensed each month, Mark Galloway, Coventry PCT's head of medicines management told delegates.

Pharmacists, GPs and patients have expressed enthusiasm for the scheme, with over 90 per cent of pharmacists describing the project as positive. The scheme has built links between pharmacists and GPs, enhanced the role of community pharmacists and significantly reduced waste (by up to 10 per cent) through "not dispensed" items, Mr Galloway explained.

But there have been problems. These include upgrading GPs' computer systems – network problems have meant that often only a single PC in the practice can be used to generate repeat scripts; some practices have been

slow to take up the scheme; the cascading of training in pharmacies has been poor; and patients' interpretation of the scheme has had to be managed because not all drugs are suitable for repeat dispensing, Mr Galloway said.

The project began in January last year and 42 of Coventry PCT's 80 pharmacies were initially trained to take part along

with 16 out of 63 GP practices. Currently 78 pharmacies have taken up the training. The project has encouraged greater communication between pharmacists, GPs and the PCT, Mr Galloway said.

Alison Strath, a community pharmacist in Elie in North East Fife, has been piloting in her pharmacy a repeat dispensing project in Scotland.

The project has put patients at the centre of the service and promoted multi-disciplinary working, Ms Strath said, and was about problem prevention rather than problem solving.

But a key part of the project is the need to engage patients, Ms Strath explained. If pharmacists pick up on patients not taking

their medicines, they should agree with the patient how to feed this back to the GP. "Put the patient at the centre. If you don't you'll lose them," Ms Strath warned.

As over 85 per cent of Scottish GPs use the same computer programme (GPASS), a serial dispensing module was developed for it. The plan is that, if the repeat dispensing project is successful, it will feed into a national repeat dispensing model and, having a core repeat dispensing functionality within GPASS will facilitate this.

Under the scheme, GPASS generates a master prescription, two 56-day or five 28-day slave prescriptions and a patient summary that includes repeat medication record sheets.

Ms Strath said taking on repeat dispensing helped her to manage her workload better. About 350 out of a possible 800 patients were using the service and she said that it had not been unmanageable "in any way". She explained that if a pharmacist clinically assesses the master prescription at the beginning of the six-month period, then there was no need to do it again during that time, as long as staff followed the protocols in place. This would free pharmacists to deliver other services.



## Pharmacists and GPs treat OTC steroids differently

Doctors and pharmacists have significantly different attitudes towards OTC steroid creams, delegates were told.

A study looking at health professionals' attitudes to hydrocortisone and clobetasone butyrate creams showed many GPs were unaware of the restrictions associated with the sale of such products. Less than a third of GPs knew of the seven-day usage limit, just over half realised the marketing authorisation did not extend to children, and less than a quarter knew the products were not licensed for facial use, said Bath University's Philip Rogers, presenting the research.

Overall, 91 per cent of GPs said

they would recommend a topical steroid for use on the face. But Dr Rogers added that only 12 per cent of pharmacists had said they would sell the product for this use, even if the patient said their GP had recommended it.

Encouraging product manufacturers to apply for broader product licences that better reflected usage may be one way of tackling this ethical dilemma, suggested Bradford University's Dr John Blenkinsopp. Dr Rogers agreed, but warned such a proposal would require monitoring for adverse effects. Using patient group directions for unlicensed OTC indications may be a better way forward, he suggested.

## PILs confusing for patients

Patients overestimate their risk of side effects from medicines because they do not understand the numerical information on medicine pack inserts.

This may influence the patient's decision to take the medicine, so other ways of presenting the information should be considered, said Leeds University's Peter Knapp during his presentation of the research paper.

Possible solutions would be to use graphs, or translate percentages into more user-friendly figures. For example, people were more likely to understand 20 per cent if it was expressed as "a one in five chance", he suggested.

Other potential methods included explaining the risk in terms of a group of people,

eg 20 people in a group of 100 would suffer the side effect whereas 80 people would not. But whichever approach was used, health professionals needed to look at balancing side effect risks against the medication's benefits, because this made it more relevant to patients, Dr Knapp advised.

The third paper presented during the practice session, entitled *Safe Use of Medicines*, looked at the information provided to HIV positive patients. Brighton University's Grace Gellaitry said the research showed patients who were satisfied with the information they received were more likely to accept recommended treatment and had fewer concerns about potential side effects.



# Be sure of funds at the start

Make sure, before you train as a supplementary prescriber, that someone will pay for your services once you have qualified.

This was a key message to emerge from a session in which three community pharmacists related their experiences of supplementary prescribing.

Rimal Patel, an independent pharmacist in South London, said: "Be absolutely certain about what you want to do and why you want to do it. After that, the path is uphill all the way."

Pharmacists should check whether they could be reimbursed for locum cover while they trained and be sure that the primary care trust would fund the service they would eventually offer. Although Lambeth PCT contributed to his locum costs and already funds a smoking cessation service at his pharmacy, he is still negotiating to extend this service into supplementary prescribing for asthma and COPD, which he had trained to provide. PCTs needed to be convinced that a service was safe and would benefit patients.

The course he took, at King's College London, was "challenging" so pharmacists should make sure the training would fit in with their working and social life. "Bear in mind, too, that the new contract will demand a lot of your attention over the coming year."

Clare Watson, a Boots pharmacist in Aldershot, had "the red carpet treatment". Because she had already been involved with a local Boots asthma project, the company paid her course fees and travelling, and provided pharmacy cover while she trained in supplementary prescribing for asthma and COPD. Her main



Clare Watson

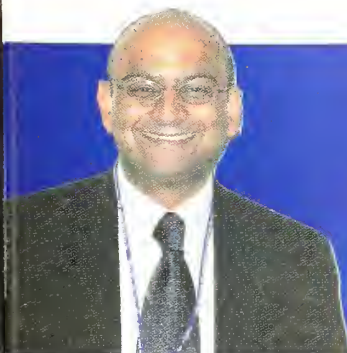
challenge was finding a GP willing to act as her independent prescriber.

Boots is now paying locum cover for her to spend a day a week as a supplementary prescriber in a six month trial, to be evaluated by the University of Nottingham. She hopes the GP will eventually buy into the service, rather than the PCT, and Boots is to build a consultation room for this purpose.

George Romanes, an independent pharmacist in Scotland, trained as a supplementary prescriber in asthma and hopes to extend this to hypertension. His service focuses on asthma patients who regularly failed to turn up for GP appointments, but who have been encouraged to use prevention medication because of ease of access to the pharmacy, counselling and immediate availability of medicines. Mr Romanes stressed the importance of training support staff to give pharmacists time for these roles.

All three speakers had the necessary access to patient records, even if it meant walking round to the surgery rather than obtaining them electronically.

Their overall verdict was that supplementary prescribing is well worth it if you're prepared to put in the necessary effort.



**"Be absolutely certain about what you want to do and why you want to do it"**

Rimal Patel



P  
O  
I  
N  
T

**I am really badly blocked up and suffering from throbbing pain between my eyes. Could you recommend something that will help me to get rid of these symptoms?**

Sounds like you are suffering from sinus problems. You need a painkiller to help relieve the pressure pain and a decongestant to help unblock your sinuses. This will relieve the causes of pain and the pain itself. A product that lasts up to 12 hours will allow you to take one dose in the morning, and it will continue working throughout the day. New Lemsip Cold & Flu Sinus 12Hr Ibuprofen + Pseudoephedrine combines two effective ingredients. Ibuprofen is a powerful painkiller that will help relieve the pressure pain coming from your blocked sinuses. Ibuprofen is also known for its anti-inflammatory properties, which can help reduce the swelling in your nasal passages. Pseudoephedrine hydrochloride is a powerful P (Pharmacy only) decongestant that will effectively help relieve nasal congestion for up to 12 hours.

**Night-time for me is the worst time when I suffer from sinus problems\*. My blocked sinuses prevent me from breathing properly, keeping me awake all night. I feel horrible and drained in the morning. All I want is something that will allow me get a good night's sleep, so I can wake up feeling refreshed.**

It sounds like you need something that opens your nasal passages to help you breathe more easily. Ideally a product that lasts all night. New Lemsip Max Sinus All-Night Decongestant Spray (oxymetazoline) helps unblock your sinuses by opening up your nasal passages. It gets to work in minutes and can last all night. No other decongestant spray is

positioned for All-Night use. It will help you to get a good night's sleep by helping you to breathe more easily.

\*associated with colds and flu



Lemsip, Lemsip Max and the sword and circle symbol are trademarks



**LEMSIP COLD & FLU SINUS 12 HR (IBUPROFEN + PSEUDOEPHEDRINE)**

**Active Ingredients:** Ibuprofen 400mg and pseudoephedrine hydrochloride 120mg

**Indications:** For the relief of symptoms associated with the common cold and influenza, including headache, nasal congestion and sleeplessness. **Further information available from:** Reckitt Benckiser Healthcare (UK) Limited, Danson Lane, Hull, HU8 7DS

**Supply Classification:** Pharmacy Only

**LEMSIP MAX SINUS ALL NIGHT DECONGESTANT SPRAY**

**Active Ingredients:** Oxymetazoline Hydrochloride

**Indications:** For the relief of symptoms associated with the common cold and influenza, including headache, nasal congestion and sleeplessness. **Further information available from:** Reckitt Benckiser Healthcare (UK) Limited, Danson Lane, Hull, HU8 7DS

**Supply Classification:** General Sales List

# Investment **locked** up

Pharmacists were asked their views on the contract, the RPSGB and POM to P switching in the latest *C&D* Business Trends Survey

Delays in the implementation of the new pharmacy contract are discouraging pharmacists from investing in their premises, the *C&D* Quarterly Business Trends survey for the second quarter of the year has revealed.

The UniChem-sponsored survey of *C&D* readers reveals that 42 per cent of respondents are waiting until the contract details and the remuneration are agreed before they plough any cash into their businesses. Some 28 per cent are, however, heeding the messages to prepare their businesses for the new contract and are investing now. Almost one in five pharmacists do not consider they have any reason to invest at all for the new contract.

Moreover, nearly a third of pharmacists surveyed said they and their counter assistants were ill-equipped and inadequately trained to deliver the tiered services required under the new contract. Yet, only 44 per cent of those admitting to having a problem say they are planning to take measures to counter this, and even fewer – 32 per cent – are already doing so. Fears that such training will be too expensive have prompted 16 per cent of pharmacists to say that the Government should be funding such training.

Perhaps, as a result, two in five (38 per cent) pharmacists believe that patient care is being compromised by the delays.



Pharmacists do not, however, expect to gain any great advantage from the changes in the RPSGB Council; only one in five of those polled in the survey feel that the changes will strengthen the profession. Almost the same number fear that the changes will allow the Government to intervene and impose external regulation, while another 11 per cent fear the changes will damage the profession but will not prompt any external interference. Most respondents, though, are not expecting any noticeable change.

In the same vein, most (65 per cent) of the pharmacists polled are not expecting the Council members from the Save our Society lobby to be able to fulfil all their pre-election promises. In fact, 27 per cent fear they will implement little if any of what was promised. Only 6 per cent of respondents believe they will be entirely or mostly successful in their aims.

Pharmacists are, however, generally encouraged by government initiatives to extend

the number of conditions for which OTC medicines can be advertised on the TV, believing they will have a beneficial impact on the number of POM-P switches. However, one in four do not think it will make any difference to their business and two thirds of those polled feel their assistants are inadequately trained to sell and advise on the new medicines.

Moreover, almost three in four (73 per cent) feel that the advertising of new medical conditions on TV will create more work for pharmacists than for GPs and only one in five believe that patient benefit will outweigh the extra work.

Increasing NHS dispensing volumes remains an issue for both independent and multiples alike. Sixty nine per cent of the panel surveyed said they processed more prescriptions in the quarter under review than they did in the same quarter of last year.

Moreover, the majority expect the volume of NHS prescriptions to increase or remain constant over the next three months. Only pharmacies in Northern Ireland believe that prescription numbers will fall over the coming months.

Sales of OTC medicines were also sluggish, with most respondents reporting reduced or static sales compared with the same period last year. Over the quarter, only analgesics, indigestion remedies and vitamins were seen to perform well for our respondents.

However, the sales forecast for the coming quarter is less positive and the expectation is that only these three categories will again show growth over the coming quarter. On the non-medicines

side, sales of fragrances, photoprocessing, toiletries and baby care were down. Consequently, 63 per cent of those polled reported a reduction or no change in their turnover for the second quarter and expectations for the next three-month period are low, with only 34 per cent of pharmacists anticipating further increases. Multiples are the most bullish about their sales prospects.

However, when it comes to margins, confidence among the multiples is not so high, many fearing a downturn during the coming quarter. Over the second quarter, margins fell for just over a third of respondents.

Overall, business confidence is generally lacking among pharmacists, both in the short- and the long-term, although the multiples and firms located in Scotland, the North East, Wales and the South East do say they are confident that the coming months will prove a lucrative sales period.

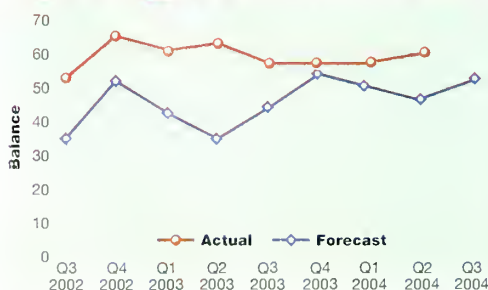
Generally, pharmacists are optimistic about their own business prospects over the next three months, although longer-term this decreases slightly. Pharmacists are generally quite pessimistic about the fortunes of the retail pharmacy sector in general. Multiples consider themselves more secure than the independents do, although those businesses with the lowest turnovers feel they have the most to gain – 23 per cent admitting to optimism for their own business prospects. The Welsh appear the most confident of all.

With regard to the retail world overall, pharmacies with turnovers below £350,000

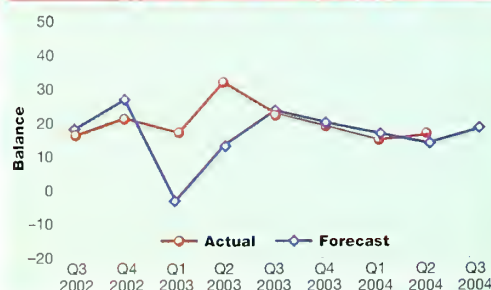
**Chemist & Druggist  
Quarterly Business  
Trends survey in  
association with**

  
**UniChem**  
Delivering Healthcare

Actual vs forecast trends in volume of NHS prescriptions



Actual vs forecast trends in sales turnover





# The UniChem view

UniChem chairman Mike Smith comments on the survey findings

The results of the latest Business Trends Survey show that the uncertainty and concern felt by many pharmacists over the last few months is continuing, with just 30 per cent of pharmacists optimistic about their own business prospects over the next few months and the outlook believed to be even gloomier in the longer term.

The recent announcements on control of entry and the impending new contract are likely to be big causes of this pessimism and concern. The fact that 69 per cent of pharmacists have still made no investment in preparation for the new contract is also a major indicator of this. You cannot blame them for this but the fact is that they will need to start planning now – training and upgrading premises is not a process that can happen overnight.

I take heart from the fact that a quarter of pharmacists (28 per cent) have already made an investment in planning for the future and I believe that it is these pharmacies that will be at the front of the queue when it comes to PCT contracts. I continue to urge pharmacists to exploit the opportunities that the new contract will offer and invest now, before it is too late to benefit.

Some plans for the new contract are being put into place and, on a positive note, 32 per cent of pharmacists have already started to equip their assistants and provide training. An additional 44 per cent have drawn up plans to tackle training for the tiered services, but not put them into place yet.

It remains to be seen whether the Save Our Society's influx to the Society's Council will have the promised effect, with just six per cent of the panel expecting full implementation of the SOS promises. Sixty five per cent do feel that the new Council structure will implement some of the changes recommended by the SOS group, however. The real fact is that our profession needs strong, supportive leadership more than ever at this time. If this does not come from Lambeth, pharmacists will, I fear, dismiss the Society as a purely regulatory body. The 9 per cent turn-out in the recent Charter referendum confirms that the main characteristic of the relationship between pharmacists and Lambeth is one of apathy.

Half of the panel think that wholesaler support for pharmacists buying business properties ranges from good to very good, with a further 29 per cent finding it

adequate. UniChem recently ran a seminar roadshow for pharmacy students to explain the benefits of owning their own pharmacy and what kind of assistance is available. I believe it is important to encourage as many young people as we can, both into the profession and into community pharmacy specifically. I personally take great heart from the fact that young graduates attending these events are so full of enthusiasm – for they are the future of our profession.

Overall, it has been a positive quarter, with more increases than decreases in sales turnover. Actual turnover was also slightly ahead of forecast. Disappointingly, however, more people saw a decrease in sales margins compared to last year. Sectors on an upward trend have been OTC medicines, analgesics, indigestion/stomach upsets and vitamins with increases ranging from 32 per cent to 7 per cent.

At last we are starting to receive more information around the new contract. This should give us some confidence in the future. In the case of the OFT, however, I fear that the proposals may raise more questions than answers.

are the most optimistic about short-term prospects. However, respondents as a whole are generally pessimistic about the retail environment for the coming three to 12 months.

Over the past quarter, 30 per

cent of independents and 16 per cent of multiples have been approached to sell their businesses and most offers have been received by pharmacies with turnovers of between £350,000 and £500,000. Only 15 per cent of smaller pharmacies have been approached. Scottish pharmacies and those located in the South East and the Midlands have proved the most desirable over the period in question.

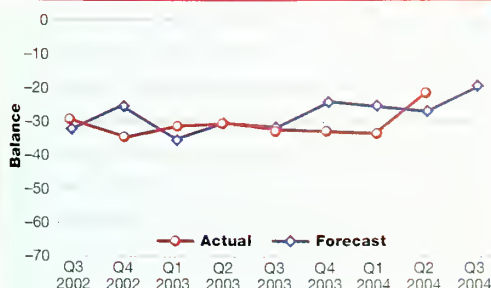
However, none of the owners approached have accepted any of the offers, although 21 per cent did admit to still be considering the offers in hand.

Respondents do, however, rate support from the wholesalers, especially when it comes to buying their own business. Some 89 per cent of respondents say their support is good or very good.

## The panel

- Retailers were drawn at random from the C&D circulation database and invited by post to join the Business Trends Survey panel.
- 500 readers joined the panel and agreed to take part in a regular quarterly survey.
- 140 pharmacists responded to the first survey of 2004, a response rate of 28 per cent.
- Please note that the percentages may not add up to 100, as some respondents did not state opinions for all the questions.

Actual vs forecast trends in margins



Forecasts for NHS prescriptions, sales turnover and margins were all up for this quarter



"UniChem Brand lets us compete with high street prices and still show a profit."

Words of wisdom dispensed by  
Peter Badham of Badham Chemists, Bishops Cleeve

To profit from our success, call us on 020 8391 7171  
or visit [www.unichem.co.uk](http://www.unichem.co.uk)



UniChem

SERVICE \* INNOVATION \* EXCELLENCE \* PARTNERSHIP

# Classifiedads

**Appointments** £27.00 P.S.C.C. + VAT minimum 3x1

**General classified** £18.00 P.S.C.C. + VAT minimum 3x2

Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication

Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.

**Contact** Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.com>



All major credit cards accepted

## Appointments

### Share the vision

Open your eyes to a new world of careers in Pharmacy.

We have posts available in the following Directorates:

Surgical – D Grade Site Lead • Anaesthetics – D Grade Site Lead • Medicine – D Grade Pharmacist,

Medicine Management Technician (MTO2\*\*) • Musculo-Skeletal – E Grade/Directorate Lead Pharmacist

To find out more about these posts and others visit **[www.uhlnewvision.nhs.uk](http://www.uhlnewvision.nhs.uk)** or contact

Ellen on (0116) 258 8394, email: [ellen-claire.burbidge@uhl-tr.nhs.uk](mailto:ellen-claire.burbidge@uhl-tr.nhs.uk) Closing date: 18th October 2004.

University Hospitals **NHS**  
of Leicester  
NHS Trust



### Pharmacy System Engineers

Field based: North England/Midlands/Southern England;  
Competitive salary & benefits

Enigma Health ([www.enigmahealth.co.uk](http://www.enigmahealth.co.uk)) is the UK's market-leader in the provision of pharmacy systems. Due to continued business expansion, we now have vacancies for Pharmacy System Engineers.

These positions form part of a small field-based team that is one of Enigma's key interfaces with its customers. The key responsibility is installing *Mediphase* and *Nexphase* software at pharmacies and providing high-quality training and guidance to pharmacists, locums and dispensers. Members of the Field Team are also involved in visiting existing sites where they require additional support. The role includes considerable travel, and includes regular visits (at least monthly) to our offices in Surrey for meetings and training.

Candidates need to have some prior experience of supporting & configuring PC software, hardware (including printers) and communications (modems, multi-users etc) and this should include providing on-site support to users. We are looking for people who are energetic, well-presented and strong at guiding users who have a wide range of abilities and interest-levels. Prior experience of pharmacy is a distinct advantage.

The positions offer a competitive salary & bonus, fully expensed car, pension scheme and a range of flexible benefits.

Applications, including a covering letter and CV, should be sent by **8th October to:**

Lee Nicholson (Field Team Leader),

E-mail: [lee.nicholson@enigmahealth.co.uk](mailto:lee.nicholson@enigmahealth.co.uk)



### PRIMARY AND CLINICAL CARE PHARMACISTS Do you want to transform pharmacy for the future? Then join our Award Winning Team

IntraHealth Limited is a company that is firmly rooted in primary care. In the emerging field of primary care support services IntraHealth has a long heritage. Due to the success we have achieved in primary care so far, we now have further exciting opportunities for enthusiastic, competent, self-motivated, dynamic and patient centred pharmacists to join our Award Winning Team.

As the successful candidate you will have a high level of clinical knowledge and experience, excellent communication skills, and thrive on a challenge. In return IntraHealth will provide you with the latest technology and equipment, and train you to provide our services to the highest standard. We will also provide you with a working environment which is stimulating, motivating and professional as well as offering a highly competitive salary and benefits package.

Applications are invited from individuals who are enthusiastic about delivering high quality healthcare, implementing change and improving the patient's journey.

Please contact us for this exciting opportunity on (0191) 5181564.

Application forms are available from and should be returned to:  
IntraHealth Ltd., 1<sup>st</sup> Floor, William Brown Centre, Manor Way, Peterlee,  
County Durham SR8 5TW

Closing Date for applications: Friday 5<sup>th</sup> November 2004



### Dispenser Required in Stepney & Pitsea Area

Two full time qualified dispensers required 40 hours per week  
Good benefits offered to right candidates.

Please Contact for Stepney area Soudabeh Rahimi  
on 0207 790 2906

or Pitsea area contact Harry on 01268 583508

**Qualified Dispenser** for Doctors Practice in Wickham South Hampshire. Full or part time. Hours negotiable £7.50 per hour,+ NHS Pension Scheme.

Also **Dispensing Assistant**, no qualifications required, hours negotiable £5.50 per hour. + NHS Pension Scheme. Please apply in writing with C.V. to Mrs Sylvia Hoskins. Practice Manager. Wickham Group Surgery, Station Road, Wickham, Hants, PO17 5JL



## Appointments

### Can you buy good health?

## Group Generic Buyer

**Walsgrave Triangle - Coventry**

Part of Celesio, we're the European leader in pharmaceutical distribution, and as the UK wholesale arm, AAH's role is key to the success of the group. Delivering daily to hospitals, dispensing doctors and retail pharmacies from our national network of branches, we pride ourselves on building strong relationships with suppliers and customers, so join AAH's fast-moving Trading Department, and develop a rewarding career with us.

In this pivotal role, your principle responsibility is to implement a Trading strategy that delivers increased service and profit, that enables our ambitious growth plans to be delivered. You'll be commercially aware of stakeholders across the supply chain, from manufacturers to end customers, and be able to develop strong relations with suppliers, and identify opportunities in all areas.

Substantial procurement experience of a similar scope and responsibility is essential, ideally within the pharmaceutical sector. Demonstrating expert negotiating and communication skills, you are self-motivated, ambitious, results driven and able to work to tight deadlines and under pressure.

As well as excellent development prospects we can offer an attractive salary, and benefits which include company car, pension, and staff discount. To apply please write to Rebecca Lowe, HR Department, AAH Pharmaceuticals, Sapphire Court, Walsgrave Triangle, Coventry CV2 2TX or e-mail: rebecca.lowe@aah.co.uk

Closing date: 14th October 2004.

We are an Equal Opportunities Employer  
No Agencies please

*Delivering leading pharmaceutical careers*

AAH

## Businesses for sale

# PHARMACY SALE DOVER

**Large shop space. T/O C: £1.3m**

**NHS items average 6,500 p.m.**

**Good gross profit margin. Freehold or lease subject to negotiation. Additional income from rental of 1st floor office space, plus rent from warehouse at the back of shop.**

**Contact: Hutchings Consultants Ltd  
Pharmacy Brokers  
01494 722224  
www.pharmacyexperts.com**

## Businesses for sale

### Buying a pharmacy?

*Ease the cash flow pains of starting up*

*FastFlow for Pharmacy* enables you to receive immediate payment for your NHS dispensing.

Contact Andy on Freephone

**0808 144 5554**

or E-mail: info@resourcepartners.com

Web: www.resourcepartners.com

1685



## Businesses wanted



A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.

All turnovers considered, all information treated with strictest confidence and a high premium paid.

For a quick decision please contact Charnj on 07710 574890

## Equipment for sale

Agfa MSC101.D +  
PIXtasy system.  
Offers invited.  
Buyers collect.

Tel No. (01245) 320344

## Product License for sale

### For Sale

OTC product license (foot product)

Box No. 8752

Chemist & Druggist Magazine  
Sovereign House, Sovereign Way  
Tonbridge, Kent  
TN9 1RW

## Products and services

who's defending your  
reputation? **{WE ARE}**

www.the-pda.org | 0121 694 7000





## Products and services



**SIGMA PHARMACEUTICALS PLC**  
Unit 1-7 Colonial Way,  
PO Box 233, Watford,  
Herts WD24 4PJ

### NEW PRODUCTS AVAILABLE FROM SIGMA!

**DO YOU STOCK THEM?  
DONT LOSE OUT!**

**BACLOFEN ORAL SOLUTION 5MG/5ML 300ML**

**OLIVE OIL EAR DROPS 10ML**

**AMISULPIRIDE TABLETS 100MG, 200MG,  
400MG, 50MG**

**MOXONIDINE TABLETS 200MG, 300MG,  
400MG**

**INDORAMIN TABLETS 20MG**

**IBUPROFEN SACHETS 100MG/5ML**

**REMEMBER WE SELL/HIRE A FULL RANGE OF  
MOBILITY EQUIPMENT!**

WE ALSO STOCK A FULL RANGE OF GENERICS, P.I's, GALENCIALS AND SURGICALS, ETC.

**FOR DETAILS AND PRICES CONTACT:**

**SPECIALS: 0800 597 4475 (FREEPHONE) 01923 331422**  
**CUSTOMER SERVICE TEL: 01923 444 999/01923 331 409**  
**FAX: 01923 444 998**  
**EMAIL: Info@sigpharm.co.uk**

**Masheco Plc**  
Photo, Electrical & Perfumes

October 2004

**NEW**

**POR  
46%**

Flosser  
Attachment

Pick  
Attachment

**Oral-B Humming Bird  
Starter Kit**

CODE: BRAHB

Starter Kit Unit contents:

- ✓ 1 handle,
- ✓ 5 picks and 3 flossers
- ✓ Refill carrying case and protective cover for pick
- ✓ AAA battery

**NET: 2.29**  
SSP: £4.99

**POR  
57%**



**Pick Refills**

CODE: BRAHBREFPICK

**Flosser Refills**

CODE: BRAHBREFLO

**NET: £1.09**  
SSP: £2.99 EACH

**NET: £4.36**  
PACK OF 4

**Tel: 020 8204 2224 Email: sales@masheco.com Fax: 020 8204 0224**

EGOE NET PRICES ARE AFTER SETTLEMENT DISCOUNT 2.5%. GOODS SUBJECT TO AVAILABILITY. VAT AT STANDARD RATE.

## Shopfitting

**RAPEED design**  
shopfitters

The total shop fitting solution



## Sold In Pharmacies Everywhere

Is your pharmacy missing out on  
repeat business and big profits?

**STUD 100®**

Desensitizing Spray for Men

Lidocaine 9.6% w/w  
PL2294/5000R

**STUD 100®** is quick acting, safe and effective - developed  
for those couples whose relationship is suffering because of  
over-rapid or premature ejaculation. (30% of all men suffer at one  
time or another from this condition). Your pharmacy can help  
couples quickly regain sexual confidence.



**STUD 100®** costs £2.50 per can  
and retails for about £4.95 per can.  
Leaflets are supplied **FREE OF CHARGE**.

**FOR MORE INFORMATION  
OR TO ORDER CONTACT:**

Pound International Ltd., 109 Baker Street,  
London W1U 6RP Tel: 020 7935 3735

801



## Products and services



ssaiib



**Do you want to retain your stock, increase your profit margins & benefit from a discount of upto £1,000?**

Have a quality Digital Closed Circuit Television System installed by PJS for the following reasons:-

Developed, sourced, and successfully trialed in conjunction with Moss Pharmacy, no tapes required, better quality recordings, user friendly, simple to operate, minimum 31 days recording, reliable & cost effective, full parts & labour guarantee, installed to high standard, upto £1,000 off the cost of the list price to all Pharmacies.

**For further details contact the sales department at PJS  
Telephone 08450 649123 or fax 01482 627281.**

**What have you got to lose?, only your stock & your profit.**

Email: info@pjse.co.uk  
Website: www.pjse.co.uk



## Tax Consultants & Accountants

### DON'T CHANGE YOUR ACCOUNTANT UNLESS YOU WANT....

#### A PROACTIVE FIRM WHO WILL:-

- Prepare your accounts and tax returns on a timely basis
- reduce your tax bills
- Help you to increase your profits
- Always agree fees in writing with you in advance

**Call Anne NOW on 01494 722224**  
Email: anne@hutchingsandco .com



**Leading Tax Consultants and Accountants for Pharmacists.**

**www.pharmacyexperts.com**

## Corporate Acquisitions

**For specialist advice on corporate acquisitions, particularly "buy and build"**

contact: **Norman Webber** or **David Simons**  
Tel: 01242 246670 nlw@hazlewoods.co.uk

Hazlewoods Corporate Finance  
Windsor House, Bayshill Road  
Cheltenham GL50 3AT  
www.hazlewoods.co.uk/corpfina

Regulated by the Financial Services Authority

## Tax Consultants & Accountants

THINKING ABOUT SELLING YOUR PHARMACY?

FOR SALE BY OWNER

APPOINTMENT ONLY

We can help to:

- ✓ Maximise the sale price
- ✓ Introduce you to potential buyers on our database
- ✓ Reduce your Capital Gains Tax to 10% of the gains
- ✓ Plan to minimise Inheritance Tax liability
- ✓ And much more.....

For more information or for a **FREE** consultation, please call Umesh or Jay on numbers below:

**LONDON: Umesh 020 7433 1513**

**MANCHESTER: Jay 0161 980 0770**

**www.modiplus.co.uk**

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES





Ceuta Healthcare has announced the appointment of **John Watmough** as national accounts and commercial development director. Mr Watmough has joined from Wyeth Consumer Healthcare where he held several management positions in sales and trade marketing.

**Sue White** has been named Numark's business development manager for South Wales, Devon and Cornwall. Ms White was previously at Ventic Health, most recently as a regional business manager.

IT solutions provider Systems Solutions has appointed **John Bolger** as its financial controller. Mr Bolger has over 20 years of financial management experience, and will be responsible for managing all



John Bolger



John Watmough

financial reporting and planning for the company.

**Mark Bodmer** has been named chief executive of the private UK biotechnology company Biotica Technology Ltd. Dr Bodmer has joined from the biotech company Lorantis where he was chief executive officer. He has also held senior positions at Incyte Pharmaceuticals, genomics company Helixgen and Celltech Pharmaceuticals.

## Safer analgesics from mutant Norman?

As the source of both valuable painkillers and illicit drugs, poppies have been a pharmaceutical double-edged sword for many years. But this could be set to change with research into a mutant form of the flower.

Australian researchers have discovered that, instead of producing opioid compounds, the poppy produces thebaine and oripavine, which can be extracted and made into less addictive analgesics such as buprenorphine. This stems from the slightly different genetic make-up of the plant, which blocks the biochemical pathways normally responsible for opioid production.

The plant variant, known as Norman, was first discovered in 1995 and released for commercial production in Tasmania in 1997. The country grows over 40 per cent of the world's legal poppies, and Norman accounts for around half of Tasmania's crop.



United Co-op Healthcare's general manager John Nuttall has raised £1,700 for charity by completing an endurance cycle ride. To raise the money for Guide Dogs for the Blind, Mr Nuttall rode 200km over some of the toughest parts of the Tour de France course, including the 2,100m high Col de Tourmalet and the 1,800m high Plateau de Beille, each of which involved 18km of climbing. After finishing, Mr Nuttall commented: "Heavy rain made some of the descents treacherous, but I thoroughly enjoyed the event and was delighted to raise so much"

## Vaccine brakes sheep's wind down under

In an attempt to reduce global warming, Australian scientists have developed a vaccine that reduces the amount of methane produced by sheep when they break wind.

Just two doses of the vaccine were found to reduce the amount of methane in sheep burps by 8 per cent. The vaccine works against 20 per cent of the microbes that produce the methane in emissions, but researchers hope to develop it to further reduce methane production, *Vaccine* journal reports.

Belches and farts from farm animals account for 20 per cent of global methane emissions, and the estimated 145 million sheep and cattle in Australia reputedly contribute 14 per cent of the country's greenhouse gas emissions.

## Mawdsleys' staff enjoy family fun



Mawdsleys' Sam Wilson (centre), winner of the goal kicking competition, celebrates with, from the left: Salford Reds' Neil Blackburn, Alan Teasdale and Craig Wood from Mawdsleys' purchasing department and Salford Reds' Mark Brocklehurst

Pharmaceutical wholesaler Mawdsleys held a family day for over 200 staff and their families during the recent August Bank Holiday weekend.

The event at Salford City Reds' rugby league club tied in with Mawdsleys' sponsorship of the under 18s academy squad, and culminated in the Super League encounter between

Salford City Reds and Warrington Wolves. Mawdsleys' staff provided the half-time entertainment with a goal-kicking competition, won by warehouse manager Sam Wilson.

The wholesaler recently named Darren Gibson and Stuart Waterworth as winners of the Salford City Reds' player of the month awards for June and July.

## BR Pharma pledges £1,000 for charity ride

BR Pharmaceuticals is going the extra mile for charity – by pledging £1,000 towards a charity cycle challenge.

Managing director of the Leeds-based company Phillip Byrne offered his support when he heard his solicitor, John Grant, was undertaking a 300 mile cycle ride across Israel's Negev desert.

All fundraisers are required to raise a minimum of £2,500, and with the donation from BR Mr Grant's total stands at around £3,600.

All proceeds will go to Norwood, a charity that helps children with learning disabilities.

Mr Byrne said: "I wish John every success for the challenge, and if he needs some glucosamine to help repair his aching joints on his return, I'm sure we'll be able to help him out!"



**EXCLUSIVE  
offers**

## Superb savings on **great British** superbreaks

If the thought of a couple of days, a long weekend or even a week away, without the hassle of overseas travel, appeals to you Superbreak have the answer. You can choose 'hotel only' breaks and make your own travel arrangements or choose an inclusive break and take advantage of discounted rail travel. Superbreak work with many well known hotel groups including Hilton, De Vere, Marriott and Le Meridien as well as many independent properties. Their price

guarantee ensures best value. They also offer event and entertainment breaks, theatrebreaks, golf breaks, day trips on the Orient Express and family fun breaks featuring top attractions such as Alton Towers, Legoland, Thorpe Park, Warwick Castle and Blackpool Pleasurebeach.



**Pharmacy  
Travel  
guarantees  
year-round  
savings**

**A combination  
of generous  
discounts and  
exclusive offers  
always ensures  
excellent cost  
savings on:**

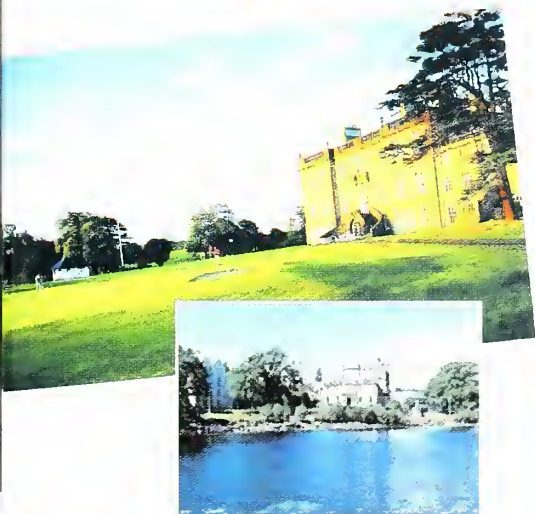
- ✓ Activity holidays
- ✓ Airport car parking
- ✓ Airport hotels
- ✓ Airport lounges
- ✓ All-inclusive resorts
- ✓ Apartments
- ✓ Beach clubs
- ✓ Boating holidays
- ✓ British holidays
- ✓ Camping holidays
- ✓ Car hire
- ✓ Citybreaks
- ✓ Coach holidays
- ✓ Country house hotels
- ✓ Cruises
- ✓ Escorted tours
- ✓ Flights
- ✓ Fly-drive holidays
- ✓ Golfing breaks
- ✓ Health spas
- ✓ Holiday villages
- ✓ Hotel bookings
- ✓ Independent travel
- ✓ Motoring holidays
- ✓ Package holidays
- ✓ Safaris
- ✓ Sailing holidays
- ✓ Shortbreaks
- ✓ Ski holidays
- ✓ Special-interest holidays
- ✓ Sports holidays
- ✓ Theatre breaks
- ✓ Theme parks
- ✓ Villas
- ✓ Yachting holidays

**For further information  
call Pharmacy Travel**

**08705 114488**

A service provided by TCI  
Direct (ABTA 55821)

## Pharmacy Travel Exclusive Offers



- **Save up to 55% with winter saver offers at selected hotels**
- **FREE extra nights**
- **FREE accommodation for children**
- **FREE discount vouchers for restaurants and attractions**

### **SAVE A FORTUNE ON YOUR HOLIDAY COSTS**

Where else can you find such a great package of benefits and savings?

- Annual family travel insurance for 2 adults and up to 4 children
- Interest free holiday loan voucher
- Guaranteed cash back on every holiday booking
- Free airport parking and car hire
- Commission free currency and travellers cheques
- Great discounts on travel accessories/clothing, guidebooks/publications, luggage, ski wear, photo processing, sun care products and much more

**holiday  
saver**

**APPLY NOW**  
**offer closes 31 October 2004**

Annual subscription normally costs £99.99  
**Special price – only £69.95**

**0870 121 1565**  
**www.holiday-saver.com**  
(customer code HOLPHA)

# AMAZIN' TRANSVASIN



Offer your customers fast, warming relief from muscular aches and pains - at an *amazingly* low price.

And display the **amazin' Transvasin** bendy man at point of sale for irresistible customer appeal

It's *amazin'* how people come back again and again for Transvasin.



**For life's little twists and turns**

\* Source: TNS Counterpoint, July 2004

No.1 recommended  
rubefacient in  
pharmacies

**Presentation:** Cream containing Hexyl Nicotinate 2%w/w, Ethyl Nicotinate 2%w/w and Tetrahydrofurfuryl Salicylate 14%w/w. **Indications:** Relief of rheumatic and muscular pain and symptoms of sprains and strains. **Dosage and administration:** For topical application to the skin. Adults, the elderly and children: Massage gently into affected area until cream is entirely absorbed. Apply at least twice daily until symptoms abate. **Contraindications:** Sensitivity to the product or any of its ingredients. **Warnings:** Do not apply to broken or sensitive skin e.g. around the eyes or scrotal skin. Do not use on mucous membranes. Transvasin cream is a rubefacient and within a few minutes of application a sensation of warmth is felt, followed by a reddening of the skin. This erythema does not indicate intolerance. Wash hands after use. Do not use with occlusive dressings. If a rash develops, discontinue use of the product. Avoid excessive exposure of the treated area to sunlight. **Pregnancy and lactation:** No reports of adverse effects, however as with all medicines, care should be taken when administering to pregnant or lactating women. **Side effects:** Localised sensitisation reactions have invariably subsided following withdrawal of the medication. **Legal category:** GSL. **Licence number:** PL 00240/0062. **Pack size:** 40g/80g. **Price:** £1.55/5p.



# over the COUNTER

## **Cold comforts**

Meeting your customers' winter needs

### **Sick notes**

Winter vomiting virus

### **The 7 ages of woman**

Part two: the 40s, 50s,  
60s and beyond

### **Vitamins under attack**

Media scare stories  
and your profits

over the  
**COUNTER**  
**AWARDS 2004**

**Plus**

Beauty Counter • News • On the counter • Verity

Prescribing Information: Unguentum M is an ambiphilic topical preparation with emollient properties, which contains the high lipid content of an ointment but also has the water miscible characteristics of a cream. Contains: Purified water, white soft paraffin, cetostearyl alcohol, polysorbate 40, propylene glycol, glycerol monostearate 40-55, liquid paraffin, medium-chain triglycerides, sorbic acid, colloidal anhydrous silica,

sodium hydroxide. Uses: Unguentum M has emollient properties and is recommended for the symptomatic treatment of dermatitis, nappy rash, ichthyosis, eczema, protection of raw and abraded skin areas, pruritus and related skin conditions where dry scaly skin is a problem, and as a pre-bathing emollient for dry/eczematous skin, to alleviate drying effects. It is also used as a diluent for various topical corticosteroid formulations where a

lower strength preparation is required and as a general base for extemporaneous dispensing. Dosage and administration: A thin application of cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective cream Unguentum M should be applied sparingly to the affected areas of the skin before, or immediately after, exposure to a potentially harmful factor. Contra-

indications, warnings etc: Unguentum M should not be used in patients sensitive to any of the ingredients. Undesirable effects: None known. Package quantities: 50g and 100g tubes, 500g tub and 200ml pump pack. Basic NHS cost: 50g £1.59, 100g £3.13, 500g £9.55, 200ml £6.19. Legal category: GSL. Product licence number: PL 00327/0115. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA.



# Uncompromising

Rubbing in thick emollient ointment is time consuming and dry, scaly skin needs moisturising nourishment fast.

So we made Unguentum M ambiphilic which means it has the high lipid content of an ointment combined with the water miscible characteristics of a cream.

We do not compromise on application; Unguentum M glides smoothly onto skin for easy absorption and relief from the symptoms of eczema, dermatitis and other irritating skin conditions.

Unguentum M. Works like an ointment, feels like a cream.



CROOKES HEALTHCARE

CHCSK04-96-A

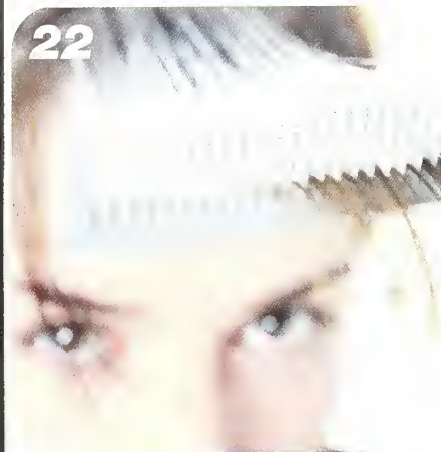
Date of preparation: September 2004

[www.crookes.co.uk/hcpservices](http://www.crookes.co.uk/hcpservices)



# CONTENTS

22

**Over The Counter**

Editor:

Lesley Keen

C&amp;D Editor:

Charles Gadsden

MPPPharmS

Production Editor:

Fay Jones

**Group Art Editor:**

Richard Corneal

Ad Managers:

Cynthia Sinden

Ad Executive:

Mark Waddy

© CMP Information Ltd

Published by CMP Information Ltd

Sovereign Way, Tonbridge

Kent TN9 1NW

Telephone: 01732 957487

Fax: 01732 967085



Contact Marketing Review

## 9 Over the Counter awards

Vote in our annual awards and win a trip to a luxury spa

## 18 Vitamins attacked

Sarah Purcell peruses the state of the VMS market

## 26 Cold comforts

Ailsa Colquhoun on trends in cold and flu remedies

## 35 Sick notes

Jeremy Clitherow prepares for winter vomiting virus

## 38 The 7 ages of woman

Part Two: Mary Allen looks at the 40s, 50s, 60s and beyond

## 4 Counter talk

Pharmacy news

## 10 On the counter

Product news

## 43 Behind the counter

Verity's final bow



## BEAUTY COUNTER

### 21 It's a tough job...

Lesley Keen looks at her recent beauty finds

### 22 Hair pressure

How we abuse our crowning glory

Information you supply to CMP Information Ltd may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept OCP652, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) OCP652 C, (ii) OCP652T

**NUROFEN PLUS**  
Ibuprofen & Codeine



powerful dual action

12 tablets

SANGLER'S ILLUSTRATION FOR PAIN

**You can't recommend a stronger painkiller.**

Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA  
Legal category P Date of preparation June 2004 NFN654



CROOKES  
HEALTHCARE

# WINTER *talk*



We know how much you like the new look which we launched for *Over the Counter* last year and how much you enjoy the Beauty Counter section which was introduced at the same time.

So we're sure you are going to be delighted to hear that Beauty Counter is going solo! From November, each issue of *Over the Counter* will be accompanied by a separate Beauty Counter supplement. That means more news and features on skincare, haircare, bodycare, cosmetics and toiletries and more reader offers, competitions and giveaways.

There will also be a new section in *Over the Counter* dedicated to increasing your knowledge and focusing on news for dispensary assistants. Next month will also give you the chance to review the finalists in this year's *Over The Counter*

Awards, which are launched on page nine with our new sponsor, Kobayashi Healthcare Europe. And there's a very special incentive to persuade you to cast your vote – the winner of our prize draw will be off with a friend to the award-winning Ragdale Hall health spa for a little pampering.

On a sad note, we are saying goodbye to Verity, the counter assistant who has written so wisely, humorously and pertinently about life behind the counter over the past few years. Verity has decided it's time to hang up her white coat and we thank her for all the columns which have made us laugh or nod our heads in agreement as she pointed out the deficiencies of the pharmacy assistant's pay packet, the importance of training or the need to hold the hand of the latest bemused locum.

We can't replace her, so turn to page 43 to see how you can climb on you soapbox and be a 'Verity' for just one issue.

**Lesley Keen**

## Palace date

Pharmacy assistant Joan Farmer was one of the guests at a Buckingham Palace garden party given before the Queen went on her summer holiday.

Joan, who works at the TWJ Mattock Pharmacy in Leicester, went to the event with her husband, Terence. The invitation was to recognise Joan's contribution to the British Red Cross, of which she has been a member for more than 40 years.



## Your chance to bend it like Madonna

Pop icon Madonna, now in her mid-40s, has the energy and physique of someone many years younger and one of the things which helps keep her looking great is yoga.

Now you can find out more about the physical and spiritual benefits of this

ancient discipline at the UK's first annual Yoga Show in November.

The show takes place at London's Olympia venue on November 13 and 14 and there is plenty in store for visitors. More than 120

exhibitors will be there promoting yoga-related products and services. They include yoga teachers and studios, retreats and holidays as well as clothing, mats, books and equipment.

During the show, international speakers will discuss some of the many aspects of yoga, including philosophy, chanting and mantra, meditation, yoga for pregnancy, children, the workplace and therapeutic yoga.

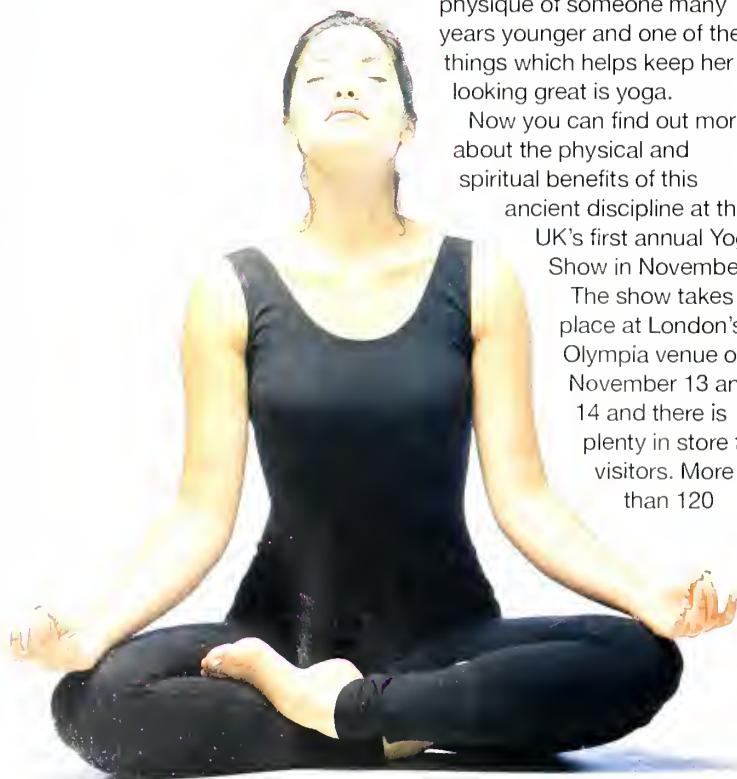
Workshops, demonstrations and meditation sessions are also planned and a variety of different types of yoga including Bikram, Iyengar, Dru, Kundalini, Anusara, Hatha and Shivanananda will be covered.

The show is open on November 13 from 10am-6.30pm and 10am-

6pm on November 14.

Admission is £9.00 (concessions £7.00) for one day, with a two-day pass costing £15.00 (concessions £11.00). But we have five pairs of two-day passes for *Over The Counter* readers, worth £30 each.

So if you would like to learn more about yoga, just send your name, address and the name of the pharmacy where you work to: *Over The Counter/Yoga Giveaway*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Entries should arrive by October 31.



THE  
**YOGA**  
SHOW



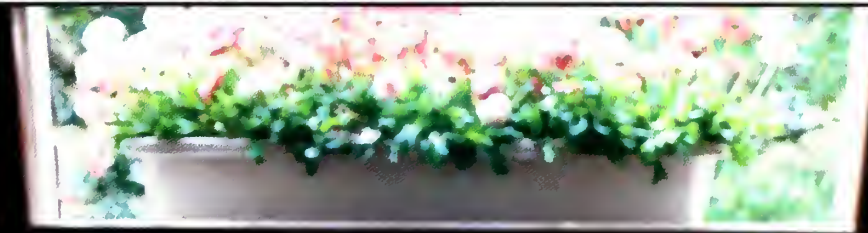
OLYMPIA LONDON  
13 & 14 NOVEMBER 2004







GlaxoSmithKline  
Consumer Healthcare



## GOOD NYTOL. GREAT MORNING.

Up to 1 in 3 people are trapped in a cycle of temporary sleep disturbance<sup>1</sup>. Rather than ask for help, many continue to suffer, wary of being given 'sleeping tablets'.

You can put your customers back in control with Nytol (contains Diphenhydramine Hydrochloride), the No1 selling sleep enabler in pharmacy<sup>2</sup>.

Compared to customers who don't treat their sleeplessness, Nytol customers can drift off more quickly, into a deeper, longer sleep, to wake up feeling rested, and ready to take on the day.

**Product Information. Presentation:** Nytol. White uncoated oblong caplets imprinted with an "N", each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night. White coated oblong caplets imprinted with "N50", each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing

peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness.

Clinically proven night time sleep aid



Diphenhydramine Hydrochloride

## Rise and shine

Antihistamines have been reported rarely to cause thrombocytopenia. **Legal category:** P. **Product licence number:** Nytol 00036/0050. Nytol One-A-Night 00036/0069. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Nytol £2.85 for 16 caplets. Nytol One-A-Night £4.29 for 16 caplets. **Date of last revision:** March 2004. Nytol is a registered trademark of the GlaxoSmithKline group of companies.

**References:** 1. Taylor Nelson UNA, 2000. 2. IRI MAT 17th April 2004. Value Share of Sleep Category.



## Are you an Over The Counter winner?

Congratulations to these *Over The Counter* readers who are winners of the quizzes and giveaways in the last issue.

Bottles of Champagne go to the following Test your Knowledge winners: **sleep:** Carrie Mitchell, Chapman's Chemist, Edinburgh; **women's health:** Joanna Roman, AMG Pharmacy, Braintree; **sports injuries:** Victoria Strawbridge, Moss Pharmacy, Torpoint, Cornwall; **headache and migraine:** Susan Rumford, Wootton Pharmacy, Northampton; **applying cosmetics:** Kay Spencer, Boots the Chemist, Portswood, Southampton. **Lumie Bodyclocks** go to: Brenda Bruce, Rowlands Pharmacy, Darlington, and Michelle Stewart, of Asda Pharmacy, Portlethen. Packs of **vivatap sachets** go to: Alison Heron; Ms C Sloan; Elsie Hogan-Eden; Rosemary Blackie; Natasha Murray; Yvonne Yip; Sharon Connors; Alana Martin; Mrs T Taylor; Tracie Smith; Alison Milton; Denise Hindmarsh; Suzanne Gibbons; Chris Humphrey; Ruth Bishop; Tracy Marshall; Sandra Fensom; Carol Brown; Mrs J Pratley; Mrs CM Varney; Ruth Parnell; Suzanne Ford; Anjna Surti; Janet Collins; Veronica Mooney; G Rodopoulos; Andrea Beddall; Verity Waite; Mrs HG Pollitt; Joanna Stevenson.

## Lloyds screens 0.5m for diabetes

Lloydspharmacy has screened 500,000 customers for type 2 diabetes since the testing service began in June 2003.

Of those tested, 25,000 were referred to their GP as a result of the free test from Lloydspharmacy. Of those who visited their GP, 72 per cent were diagnosed with type 2 diabetes or are on diet and exercise regimes to control blood glucose levels. The scheme has been so successful that Lloydspharmacy



received Diabetes UK's recent raising awareness award.

Pictured are pharmacist Oz Issac with, from the left: Karen Bevan, Tanya Chapman, Michelle Briland, Chantel Hickin and Jenny Nicolson from the St Paul's, Cheltenham, branch.

## New site for Antistax

Boehringer Ingelheim has launched a new website for its Antistax range to help address low awareness of leg health.

The site aims to educate and offer practical solutions to

consumers who experience aching, tired and heavy legs. As well as information on what can cause aching, tired and heavy legs, the site advises on what can be done to alleviate the condition. There is also information on the Antistax range, details of exercises and dietary recommendations from health experts.

The range includes Antistax Leg Vein Health capsules in three pack sizes and Antistax Cooling Leg Gel.



## Nicorette Freshmint Gum

### Prescribing Information.

**Presentation:** Nicorette Freshmint 4mg gum and Nicorette Freshmint 2mg gum contain 4mg and 2mg of nicotine respectively.

**Uses:** For the relief of nicotine withdrawal symptoms as an aid to smoking cessation

**Dosage:** Each piece should be chewed slowly for 30 minutes. Use may be continued for up to 3 months then gradually reduced.

Not more than 15 pieces of gum may be used each day. Not to be used by people under age 18 unless recommended by a doctor.

**Contraindications:** Nicotine in any form is contraindicated in pregnancy and lactation.

**Precautions:** Denture wearers, transferred dependence, gastritis, peptic ulcers, allergic reactions, history of cardiovascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma.

**Pregnancy & Lactation:** Consult doctor.

**Side and Adverse Effects:** Dizziness, headache, nausea, gastrointestinal discomfort, hiccups, sore mouth or throat, jaw ache, gum sticking to dentures.

### Price (ex-VAT):

2mg 30s £4.84,  
2mg 105s £13.27,  
4mg 30s £5.95,  
4mg 105s £16.16.

**Legal category:** GSL

### PL holder:

Pharmacia Limited,  
Davy Avenue, Milton Keynes  
MK5 8PH.

### PL number:

4mg PL 00032/0295,  
2mg PL 00032/0283.

**Date of preparation:** March 2004

**nicorette**

## Awareness watch

Watch out for the following health awareness campaigns so you're ready to answer customers' questions:

**Breast Cancer Awareness Month,** the annual campaign organised by all the major breast cancer and cancer charities  
[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

**Lupus Awareness Month,** raising awareness of this often misdiagnosed disease  
[www.lupusuk.com](http://www.lupusuk.com) or  
[www.lupus.org.uk](http://www.lupus.org.uk)

**Stroke Awareness Week,** October 1-11, aiming to increase public knowledge of stroke and its devastating effects  
[www.stroke.org.uk](http://www.stroke.org.uk)

**Sign Language Awareness Week,** October 4-10, which aims to improve communication between the deaf and hearing worlds  
[www.britishdeafassociation.org.uk](http://www.britishdeafassociation.org.uk)

**International Herpes Week,** October 10-16, to help raise awareness of herpes and, specifically this year, genital herpes, organised by The International Herpes Alliance  
[www.herpessalliance.org](http://www.herpessalliance.org)

**World Mental Health Day,** October 10, the annual campaign to help de-stigmatise mental health and promote mental wellbeing  
[www.wmhd.org](http://www.wmhd.org)

**Backcare Week,** October 11-17, the annual campaign this year focuses on posture  
[www.backcare.org.uk](http://www.backcare.org.uk)

**World Osteoporosis Day,** October 20, with the UK's National Osteoporosis Society highlighting the importance of diet and exercise  
[www.nos.org.uk](http://www.nos.org.uk)

**Mouth Cancer Awareness Week,** November 7-13, bringing together a group of organisations with this year's campaign entitled Don't Smoke, Drink Safely and Eat Properly  
[www.dentalhealth.org.uk](http://www.dentalhealth.org.uk)



# Bad news for cravings



## Good news for you

✓ New crispy coating ✓ Easy to chew ✓ Fresh minty taste

With a £6.5m promotional spend including TV, now's a good time to stock up on Nicorette Freshmint Gum. It's a fresh way to keep your customers coming back for more.

prescribing information please see adjacent quarter page strip

**nicorette**  
nicotine



The UK's best selling stop-smoking brand



# A NEW APPROACH TO **Pain Relief**



Kool 'n' Soothe is ideal to use at the first sign of a fever or high temperature to deliver comfort to children.

It is safe to use with other medication.

Kool 'n' Soothe Migraine can be used at the first sign of a migraine or a severe headache as part of a migraine management programme.

It is safe to use with other medication.



Cura-Heat is an air activated heat pad suitable for Back, Shoulder or Neck pain providing 12 hours of warming relief.

**Leading Innovation in Topical Solutions  
By Kobayashi Healthcare Europe**



over the  
**AWARDS 2004**

's awards time again and *Over The Counter* has joined forces with new sponsor Kobayashi Healthcare Europe to find out who has had the most impact on pharmacy in the past year

*Give someone that*

When you cast your votes to help us reward the best in pharmacy, you'll have the chance to win a luxurious, pampering break courtesy of the award-winning Ragdale Hall health spa. The winner of our draw will receive a fabulous break for two at the spa. As before, the Awards will span six categories, so now is the time to start thinking about who has most impressed you over the past 12 months.

We'll be asking a panel of pharmacy assistants to whittle the entries down to five finalists in each category, then it's over to you to choose:

**The OTC medicine launch of the year** – the brand new product which has met a need for your customers

**The beauty launch of the year** – the new skincare, haircare, bodycare or

cosmetic product that has simply flown off the shelves

**The advertising campaign of the year** – the trade or consumer ad which has sent your sales soaring

**The supplement of the year** – the pill that everyone wants to pop

**The pharmacy educator of the year** – the company or training scheme which has done most to increase your knowledge and help you do your job

**The pharmacy assistants' choice** – it's up to you to name the product, the brand, the individual or the company which has had most impact on you, your pharmacy or your customers.

Products and advertising campaigns must have been launched between September 14, 2003 and the closing date for entries, which is October 21, 2004.

The award in each category will go to the finalist achieving the highest number of votes. All the voting forms will go into a draw, with the winner receiving that fabulous trip for two to Ragdale Hall worth £540, with bottles of Champagne for six runners up.

Ragdale Hall has six times been voted the UK's Health Spa of the Year and our prize is a two-night Ragdale Taster Break in a superior room, with several treatment options to choose from. Meals are included and our winner will also have access to the spa's exercise classes, gym, two indoor pools, sauna, steam room, sanatorium and use of sports courts. *Over The Counter* will pay up to £100 towards travel costs for the winner.

We know, from the excellent response to last year's awards, that you are keen to reward the best in pharmacy – but there's nothing like some health spa pampering to give you that added incentive!



**...and win yourself a two-night break at Ragdale Hall**



**TERMS AND CONDITIONS OF ENTRY:**

The latest CMP Information can be downloaded at: [www.cmp.co.uk](http://www.cmp.co.uk). For a copy of these, please write to: CMP, The Customer Centre, 100, Station Road, Salford, Greater Manchester, M6 6PU.

1. The competition is open to all UK pharmacy assistants who must be employed full-time or part-time in a UK pharmacy at the closing date.
2. Employees of CMP Information, Kobayashi Healthcare, Marenik Marketing and Ragdale Hall and their relatives are not eligible to enter.
3. The winner of the trip to Ragdale Hall will be the sender of the properly completed voting form which is drawn first on the closing date with the qualifying question answered correctly.
4. CMP Information will pay up to £100 towards economy class travel for the winner and companion. Payment of a maximum of £100 towards travel and accommodation for the winner and companion is provided at the spa will be the responsibility of the winner and companion.
5. The editor's decision is final and no correspondence will be entered into.
6. Prizes of postage will not be accepted as proof of receipt by CMP Information.
7. Entries are restricted to one per person.
8. Where more than one employee of a pharmacy wishes to enter the entry form must be photocopied.
9. The prize must be taken as stated. No cash alternative is available. See contents page for data protection information.



**KOBAYASHI**

Kobayashi Healthcare Europe is a subsidiary of Japan's Kobayashi Pharmaceutical Co. and has so far introduced three products to the UK – Kool 'n' Soothe for Children and Kool 'n' Soothe Migraine, gel strips which keep their cool for six hours and Cura-Heat, an air-activated heat patch to help relieve back, shoulder and neck pain.

Managing director Mr Miyanishi said:

*"Kobayashi are pleased to be sponsoring the 2004 Over The Counter Awards. We view the independent pharmacy sector as being key to the success of our brands and are very keen to build a strong relationship between our company and the pharmacists and pharmacy assistants whose knowledge and expertise we value."*



# on the

## New topical steroids from Ferndale



Ferndale Pharmaceuticals has launched two new products into its growing dermatology portfolio.

P-licensed Acorvio and POM Acorvio Plus are topical steroids with miconazole nitrate.

Acorvio is a cream indicated for the topical treatment of mycotic infections of the skin and secondary infections due to gram-positive bacteria.

Acorvio Plus, which also contains fluprednidene 21-acetate is indicated for the short-term topical treatment of inflammatory skin infections caused by dermatophytes, yeasts and eczema superinfected by fungi.

Both products are available in 20mg and 45mg packs.

**Ferndale Pharmaceuticals Ltd, Tel: 01937 541122**

### Time to take a Chaser with it?

EMT Healthcare has been appointed UK pharmacy wholesaler for Chaser for Wine and Original Chaser.

Chaser for Wine was developed to help prevent the wine headache which can appear after only one or two glasses and contains activated calcium carbonate, vegetable carbon and vitamin B<sub>2</sub> to absorb the by-products of the fermentation process. It was developed from Original Chaser, which works with beer, wine and spirits.

Two caplets last for three hours or up to five drinks and two more can be taken by those drinking more or over a longer period. Chaser for Wine is available in a four-caplet card and a 40-caplet bottle, retailing at £2.99 and £19.95 respectively.

**EMT Healthcare,  
Tel: 0115 849 7700**

## Manx launches Lice Attack

New from Manx Healthcare is Lice Attack, a non-toxic head lice treatment kit clinically proven to remove lice.

Manx chief executive Andrew Waide said: "There is growing demand for non-toxic head lice treatments in the light of widespread resistance by head lice to over the counter pediculocides."

Lice Attack kit (£12.49) contains a combing lotion, two combs and an information leaflet. The lotion is based on a patented blend of non-toxic ingredients – coconut



oil derivatives, filtered water, triethanolamine and disodium edta. It is used in conjunction with a comb with long metal teeth to remove the lice and

condition the hair. A plastic comb with magnifying glass is also included.

Clinical trials in the UK and America showed a 97 per cent success rate.

The launch is being supported by a major consumer advertising and awareness campaign, point of sale material and a leaflet on head lice

for pharmacies to distribute to customers.

**Manx Healthcare,  
Tel: 01926 461628**

## Macleans sets shining example

New Macleans white'n'shine is a whitening toothpaste formulated to leave teeth smooth and shining.

The dual-effect paste uses advanced micro-polishing particles to polish away imperfections on the surface of the teeth without harsh abrasives or bleaching agents – leaving whiter, cleaner teeth with a smooth, light-reflecting finish.

The translucent, white pearlised gel is presented in a clear tube with a pearlised cap. There is a new silver embossed logo and



pearlised finish.

It is available in 100ml tube with a recommended retail price of £2.49. Support for white'n'shine starts early next year with TV, poster and press advertising.

**GlaxoSmithKline Consumer Healthcare,  
Tel: 0845 762 6637**





# Liquid nursing for night-time coughs

GlaxoSmithKline Consumer Healthcare is extending its Nurses range with Cough Nurse Night Time Liquid. The new product is designed to attract new users and cement the brand's position as the leading pharmacy-only cold and flu brand.

Cough Nurse Night Time Liquid (150ml, £3.99) contains 50mg diphenhydramine and 15mg pholcodine per

standard 20ml dose. The launch is being supported from December with an £800,000 package including radio and press advertising, Pharmasite posters and PR.

GSK suggests that Cough Nurse should be merchandised next to Night Nurse to create a distinct night-time section.

**GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637**



## Caring for heartburn

Thornton & Ross has launched Care heartburn Relief 10mg Tablets following the POM to P switch of omeprazole. A pack of 10 tablets retails at £5.99.

**Thornton & Ross, Tel: 01484 848200**

## Gaviscon goes cool

Reckitt Benckiser has launched Gaviscon Cool in liquid and tablet formats with retail prices from £2.39.

**Reckitt Benckiser, Tel: 01482 326151**

## Spray away mosquitoes

A new spray has been added to the Anti-Mosquito range. With the active ingredient menthoglycol, the DEET-free spray retails at £6.99 for 100ml.

**The Supply Team, Tel: 023 9247 2421**

## Head lice duo

MPM Consumer Products has introduced Dr Johnson's Nit & lice Shampoo and Nit & Lice Conditioner. Both are aromatherapy-based with essential oils of tea tree and neem and are free from chemical pesticides. They retail at £1.99 each.

**MPM Consumer Products, Tel: 0161 231 6111**

## Award for Deep Relief

Deep Relief, the dual action ibuprofen-containing gel from the Mentholatum Company, has been voted Best Health Product in the *Health Plus* magazine Anti-Ageing Awards.

**Pharma Consumer Care, Tel: 01202 314824**

# Zovirax switch to self-selection

Zovirax Cold Sore Cream, the cold sore market leader, is now available for self-selection following the switch of aciclovir from P to GSL.

The improved access and higher profile merchandising, with the potential for secondary sitings, is expected to encourage consumers to trade up from palliative products such as lip balms and creams to Zovirax.

As UV light is known to be a cold sore trigger, this



means extra seasonal potential for the product.

GlaxoSmithKline expects pharmacies to be the first port of call for new cold sore sufferers wanting advice on

cold sore treatment and has produced new point of sale material. Zovirax Cold Sore Cream also benefits from a £2.5 million TV and press support package which lasts until December.

Recommended retail prices remain at £5.99 for the 2g tube and £6.19 for the 2g pump.

**GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637**

# Sominex adds herbal helper

Sominex, the number two pharmacy sleep aids brand, has added Sominex Herbal to its range. With hops, valerian and passion flower, Sominex Herbal offers a 'gentle' introduction to sleep aids, particularly for the 45 per cent of customers who are said to suffer from occasional temporary insomnia.

Sominex Herbal tablets are in packs of 30, retailing at £3.99.

**Thornton & Ross, Tel: 01484 848200**



## Scholl celebrates the art of walking

The new Spring/Summer 2005 collection from Scholl is designed to prove that healthy can still be stylish and fun. The sandals range is all about texture, with soft suede, leather and suede and leather mixed uppers in muted pastels with contrasting footbeds and printed outsoles. The Fitness collection is expanded with new extra flexible lightweight sandals called Rest 'n' Ray, while the Softstep range has developed a younger, urban style with trainer-style shoes, casuals, slip-ons and loafers as well as sandals. The new

Adapta range offers floral printed footbeds as well as some more traditional styles.

**Scholl Customer Care, Tel: 0161 654 3025**





# on the

## New-look Crampex



Thornton & Ross has repackaged its Crampex tablets and the relaunch is being supported with a £250,000 national press campaign. The eye-catching new packs carry the clear statement 'for muscle cramp at night' and feature a knotted rope conveying the pain of

night-time cramp.

A new consumer leaflet 'Don't cramp your style - a quick guide to muscle cramp' is full of hints about coping with cramp and is available free.

Pharmacy-only Crampex contains calcium gluconate to help correct any

calcium deficiency, cholecalciferol to aid calcium absorption and nicotinic acid to improve poor peripheral circulation. Crampex tablets are available in packs of 24 (£3.99) and 48 (£5.99).

**Thornton & Ross,**  
Tel: 01484 848200

## Improved formula for Sensodyne Whitening

GlaxoSmithKline Consumer Healthcare has relaunched Sensodyne Total Care Gentle Whitening.

The toothpaste now has an improved formulation and an updated image designed to help attract younger users and retain existing ones.

Specially formulated for sensitive teeth, the improved whitening allows the low abrasion paste to remove stains gently yet more effectively. It also contains fluoride to help fight decay.

The pack now features a 'new improved whitening' flash and stronger focus on the 'total' and 'whitening' propositions.

The new product retains the current selling price of £2.19 for 45ml and £3.35 for 75ml tubes and £3.99 for the 100ml pump.

**GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637**



## Fired up by skin flare-up? Go for proven clear up.



Early use with

Eumovate Eczema and Dermatitis Cream is proven to clear skin flare-up in as little as 5 days<sup>1,2</sup> and break the destructive itch-scratch cycle in as little as 3 days.<sup>2,3</sup>



No wonder 88% of users rated it better than their previous treatment.<sup>4</sup>

**References:** 1. Pagnès P. *Chronica Dermatologica*, 1984; 15: 734-41.  
2. Caramia G, Bizzarri V, Gregorini S et al. *Curr Ther Res*, 1985; 37(2): 213-24.  
3. Peroni A, Nigro M, Schena D. *Clin trials J*, 1985; 22(4): 373-80.  
4. GlaxoSmithKline. Data on file: TNS Survey, April/May 2003.  
**Eumovate Eczema & Dermatitis Cream Product Information.**  
**Presentation:** Cream containing clobetasone butyrate 0.05% w/w. **Uses:** Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant and allergic dermatitis. **Dosage and administration:** Adults and children, aged 12 years and over: Apply sparingly to the affected area twice a day for up to 7 days. If the condition improves within 7

days stop treatment. If condition does not improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor. **Contraindications:** Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris. **Precautions:** Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of

eczema or dermatitis as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic dermatitis. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis. **Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity. Exacerbation of symptoms. **Legal category:** Product licence number: 10949/0346. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Pack quantity and RSP: 15g tube £5.49. Date of preparation: June 2003.

REGULAR USE OF AN EMOLLIENT LIKE EUMOBASE BETWEEN ATTACKS CAN STOP SKIN DRYING OUT TO



# Aquafresh wakes up

The new Aquafresh Wakey Wakey Zones, Revive Zones and Refresh Zones toothpastes are on TV until later this month.

The new 30-second advert shows how an everyday ritual can be converted into an exciting sensory experience. It uses a combination of

animation and live action to create an 'Alice through the looking glass' effect to step into the Wakey Wakey Zone. Revive Zones and Refresh Zones are also highlighted, with the strapline 'Toothpaste with a twist'.

The TV exposure is part of a £1.43

million multimedia campaign, which also includes press advertising, PR and nationwide sampling. The range retails at £1.99 for 75ml.

**GlaxoSmithKline Consumer Healthcare,**  
Tel: 0845 762 6637



## New POS gets down to the Nitty Gritty

The start of a new term often heralds the start of a head lice outbreak and Oakwood Remedies has a new counter display unit and posters for its award-winning Nitty Gritty Nitfree comb, which recently became available for sale in pharmacies.

Three frustrated mums devised the Nitty Gritty Aromatherapy Head Lice Kit in 1998, followed two years later by Neem and Lavender Repellent Spray.

Last winter they launched the Nitfree comb with 33 microgrooved, rounded-tip steel teeth to remove and destroy the smallest lice, nits and eggs without pulling, cutting or harming the hair. The comb carries a lifetime guarantee; it will not rust or tarnish and can be boiled so it is safe to use for several members of the family.

The Nitfree comb (£9.99) is also available on prescription.

**Ceuta Healthcare,**  
Tel: 01202 780558



# Skin prone to dry-up? Turn the moisture level up.

Eumobase concentrated rehydration cream is proven to moisturise dry, sensitive, itchy skin, with significantly greater skin hydration than three leading emollients.<sup>1</sup>



**EUMOTHERAPY : FIRST CHOICE FOR DRY, SENSITIVE, ITCHY SKIN**

Reference: 1. Goustas P. Results from two comparative studies. Journal of Clinical Research 2003; 6: 1-12. Eumobase is a registered trademark of the GlaxoSmithKline group of companies.

**IF SKIN PRONE TO FLARE-UP GETS FIRED UP GO FOR PROVEN CLEAR-UP WITH EUMOVATE ECZEMA AND DERMATITIS CREAM**



# on the

## Tasty support for Nicorette Freshmint



Pfizer Consumer Healthcare is supporting its new Nicorette Freshmint, found in consumer taste tests to be the preferred Nicorette gum, to consumers all over the UK. The £6.5 million campaign has seen new television advertising and outdoor poster campaigns on bus sides for the first time ever. Launch promotions in popular magazines include a competition in *Marie Claire* where committed quitters could win a £1,500 makeover.

Freshmint roadshows at major UK railway stations have seen Cravings Control Crews giving out placebo samples and explaining the chew-park-chew technique. Sandwich bags at more than 300 shops in London and Scotland are branded to remind people at key times of day that they are trying to give up smoking and Nicorette is there to support them.

**Pfizer Consumer Healthcare,**  
Tel: 01304 616161

### Grate publicity for Eumovate

A new press campaign for Eumovate Eczema and Dermatitis Cream focuses on eczema triggers.

One creative shows a bar of soap combined with a cheese grater while another shows a woolly jumper with barbed wire round the neck. They are designed to illustrate how easily everyday things can trigger an attack. Headlines include 'Recognise the irritation of eczema and dermatitis'.

The £600,000 campaign runs until mid-November in leading women's monthlies and weeklies.

Pharmacy-only Eumovate Eczema and Dermatitis Cream retails at £5.49 for a 15mg tube.

**GlaxoSmithKline**  
**Consumer Healthcare,**  
Tel: 0845 762 6637



## £3m TV campaign for patches

Kobayashi Europe is launching a £3.2 million TV and trade support package for its two Kool 'n' Soothe products and Cura-Heat, which was launched earlier this year. The support continues into 2005.

TV advertising started with a campaign for Kool 'n' Soothe Migraine, showing how the stress and strain of everyday events can lead to a severe headache or migraine. TV exposure for Cura-Heat starts later in the year and Kool 'n' Soothe for Kids will be back on screen early next year.

Promotional activity in



pharmacy will include price promotions and trade sampling designed to build product awareness among pharmacists and pharmacy assistants. Kool 'n' Soothe for Kids

retails at £2.59, Kool 'n' Soothe Migraine at £2.99 and Cura-Heat at £3.99.

**Maverick Sales & Marketing Ltd,**  
Tel: 01628 478555

## Sensitive teeth get Whitening boost

Following the success of Colgate Sensitive, Colgate is launching new Sensitive Whitening Toothpaste.

Specially formulated for sensitive teeth, Colgate says the toothpaste provides complete protection for teeth and gums, with the added benefit of a gentle whitening system clinically proven to lift away surface stains caused by some food and drinks. With

potassium salts to protect sensitive teeth and whitening microcrystals to help remove stains, Colgate Sensitive Whitening also contains ingredients to fight tartar.

Colgate says consumer trials showed that regular brushing

with the new paste delivered excellent results.

Colgate Sensitive Whitening Toothpaste is available at £1.49 for 50ml and £1.99 for 75ml.

**Colgate-Palmolive Ltd,**  
Tel: 01483 302222





# headMASTER!



Recommend Lyclear to your customers and help teach head lice a lesson they won't forget!

Lyclear (permethrin) is the only 10-minute treatment available over-the-counter, which unlike many other treatments, is not contraindicated in those with asthma. The orange cream is simply applied to damp hair for just 10 minutes, killing lice and their eggs with just one application.

So, the next time your customers ask you about head lice, show them who's in charge with Lyclear!

## The 10-minute treatment for head lice that's in a class of its own

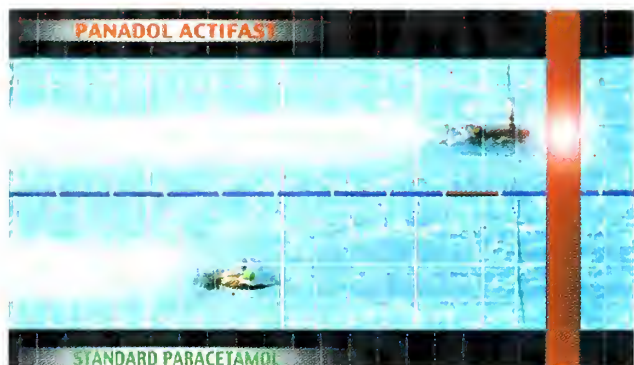
**Product Information:** Lyclear Creme Rinse. **Presentation:** A light orange coloured topical cream containing the active ingredient Permethrin 1% w/w. **Posology and administration:** One 59ml bottle is usually sufficient to treat one person with shoulder length hair of average thickness. Also available in a twin pack containing 2 x 59ml bottles. Suitable for adults and children over 6 months of age, also suitable for asthmatics. Children under 6 months of age should be treated on the advice of a doctor. Shake thoroughly and apply to washed, towel dried hair. Leave on hair for 10 minutes before rinsing thoroughly with water. **Uses:** For the treatment of infections with the head louse *pediculus humanus capitis*.

**Contraindications:** Individuals with known hypersensitivity to the product, its components and other pyrethroids or pyrethrins. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. Shake thoroughly before using. If symptoms persist consult your doctor. Keep out of reach of children. **Legal category:** P. **Product licence number:** 15513/0019. **Product licence holder:** Pfizer Consumer Healthcare, Eastleigh, Hampshire, SO53 3ZQ. **Package quantity and RSP:** 59ml is £3.99 and the twin pack (2x59ml) is £7.25.



# on the

## More exposure for Panadol



GlaxoSmithKline Consumer Healthcare continues to challenge the assumption that all paracetamol products are the same, with support for Panadol ActiFast. The product can get to work twice as fast as standard paracetamol tablets which are swallowed.

Following its three-week TV campaign, this month sees a six-sheet poster campaign at around 2,500 sites nationwide.

The existing 'twice as fast' creative will be used, with a new focus on Compack from Panadol. The TV and poster activity is costing £1.5 million.

Panadol ActiFast comes in GSL packs of eight (£1.45) and 14 (£2.49) and P-licensed packs of 30 (£4.29).

**GlaxoSmithKline Consumer Healthcare,**  
**Tel: 020 8047 2700**

## Press debut for Macleans trio

Macleans Detox toothpaste and mouthwash and Remineralise toothpaste are appearing in key women's titles, national newspapers and supplements throughout the rest of the year.

The £1.35 million campaign marks the media debut for the products. Four striking images show how the products "can take care of your mouth, helping you to look and feel good", encouraging consumers to buy more than one toothpaste for the household.

A series of magazine promotions and a major London field marketing event will support the advertising.

The two toothpastes retail at £1.99 for 100ml and the mouthwash at £3.69 for 500ml.

**GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6627**



## Nytol back in Dreamland

A £1.5 million support package for Nytol will keep the sleep aid brand in the public eye until the end of the year.

The Dreamland TV advert is on screen until December with national coverage, including late night and early morning slots. This is reinforced by a three-month national press campaign starting this month in high profile women's titles and weekend supplements. The adverts are designed to educate, inform and reassure customers about temporary sleeplessness and the role of Nytol. Further support includes radio sponsorship and a major PR event in conjunction with Battersea Dogs Home, with a 'dog tired' theme. Nytol 25mg caplets retail at £2.85 for 16, and P-licensed Nytol One-A-Night 50mg caplets are £4.29 for 16.



**GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637**

## New

### CHANGES, CHOICES

The menopause may be just as natural for middle-aged women as starting periods is for girls, but anxiety and confusion surround this stage of life.

Women may be anxious about the end of their fertility and confused about the options for coping with the troublesome symptoms which may accompany what previous generations referred to as "The Change".

Consultant gynaecologist Michael Dooley and health journalist Sarah Stacey clearly lay out the facts and the options in the very readable *Your Change Your Choice*, subtitled *The integrated approach to feeling and looking good*



through the menopause – and beyond. They explain what happens physically at the menopause and offer information on conventional, complementary and lifestyle approaches, stressing the fact that it is not an either/or situation, but one in which the individual can choose the options best suited to her situation.

*Your Change Your Choice, Integrated Menopausal Therapy*, by Michael Dooley FRCOG and Sarah Stacey is a Mobius paperback published by Hodder & Stoughton at £12.99 ISBN 0340828854 (see our women's health feature, p38)

### HEARTY LOOK AT GARLIC

Garlic has been used as a medicinal herb for thousands of years and, today, annual world consumption equates to one clove for every living

person. It is the compound allicin in garlic which has potential healing, antibacterial, antiviral and antiparasitic properties. It can help treat a wide range of conditions and researchers are currently looking at its use to beat the hospital superbug MRSA.

But, says garlic expert Peter Josling, it is only recently that it has been possible to produce a stabilised form of allicin, the active ingredient in garlic, on a commercial scale.

In his new book *The Heart of Garlic*, he looks at the history of garlic and goes on to show how allicin can be used to help treat a vast array of ailments and health problems from acne, animal bites and arthritis to verrucas, warts and wounds.

*The Heart of Garlic*, by Peter Josling, is published by Natural Health Holdings at £16.99. ISBN 1-9546507-0-0



# Quittin' With NiQuitin

Nicotine

Lorraine O'Mullane is the 'star' of an innovative stop smoking reality TV style advertising campaign. The first of its kind to show a real person as they go through the highs and lows of quitting smoking using Nicotine Replacement Therapy (NRT).

## 'Reality TV'

The Quittin' With NiQuitin campaign featuring Lorraine is the first OTC advertising campaign to use the 'reality' TV format, encouraging viewers to engage with the advertising campaign in the same way that they have done with phenomenally successful

reality TV shows like *Big Brother*.

Since the start of September the nation has been following Lorraine, via 13 different excerpts from

her video diaries, as she attempts to stop smoking with the help of NiQuitin CQ Mint Lozenges. Lorraine's experiences have also been broadcast on the radio as well as appearing in national newspapers, the women's press, websites including Click2Quit.com and in pharmacy windows.

The general public have been text voting on whether they think Lorraine will be successful or not, with a donation from each text going to the independent charity QUIT. Go to Click2Quit.com for details.

## Selecting the campaign 'star'

Lorraine answered an advertisement for smokers interested in trying to quit. She elected to use NiQuitin CQ Mint Lozenges after advice from a pharmacist. She recorded her day-to-day experiences on a hand held video camera. She was then selected from 14 similar quitters by a panel of smokers as the person most likely to inspire them to stop smoking.

## Getting support

Lorraine is using NiQuitin CQ Mint Lozenges, which are powerful, fast and keep working long after they have dissolved. They are clinically proven to increase a person's chances of quitting.<sup>1</sup> She has logged onto Click2Quit.com to develop her Click2Quit Stop Smoking Plan, individually tailored to help her tackle her specific emotional and behavioural needs.

## Watching her weight

As for many women one of Lorraine's greatest fears about stopping smoking is gaining weight.<sup>2</sup>

During one previous cold turkey quit attempt Lorraine put on a lot of weight in two months and was concerned the same could happen again.

Lorraine explains:

"Since using the NiQuitin CQ Mint Lozenge so far I have lost nearly 4lbs, which is great! I've always been put off attempting to quit smoking because I was afraid I would put on weight. When I've tried to quit smoking by going cold turkey I always reached for the biscuits and chocolates- I was replacing the cigarette with food! That's why the NiQuitin Mint Lozenges have been perfect for me because they give me something to put in my mouth other than a cigarette or food."

The NiQuitin CQ 4mg Mint Lozenge has been proven to reduce the weight gain associated with giving up smoking and is an excellent choice for people, like Lorraine, who want to control their cigarette cravings whilst keeping their waist line in check. In a test, six weeks after stopping smoking, people using the 4mg lozenge gained 45% less weight than those who did not<sup>1</sup>.

To find out more about Lorraine's experiences, visit **Click2Quit.com**.

Lorraine will be doing a live webchat on the 20 October on the website when you can ask her about her quitting experience with NiQuitin CQ. This campaign provides pharmacist assistants with an excellent opportunity to generate sales before the New Year by encouraging their customers to join Lorraine and quit smoking now!

NiQuitin Mint and original Lozenges are available in 2mg and 4mg strengths, in packs of 36 and 72 with an RRP of £8.99 and £17.49 respectively.



**PL: NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine)** for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults only 4 mg if smoke within 30 minutes of waking 2 mg if longer. Stop smoking completely. Weeks 1 to 6: 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9: 1 lozenge every 2 to 4 hours, weeks 10 to 12: 1 lozenge every 4 to 8 hours. Weeks 13-24: 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications:** non-smokers, those under 18, PKU, recent MI/stroke, severe arrhythmias, unstable/worsening resting angina, hypersensitivity. **Precautions:** hypertension, peptic ulcer, severe

kidney/liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular disease, low sodium diet. Swallowed nicotine may exacerbate oral/pharyngeal inflammation, oesophagitis, gastritis, peptic ulcer. **Interactions:** Concomitant medication may need dose adjustment. **Side effects:** depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling,

leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. **Pregnancy/lactation:** try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL PL 00079/0369, 0370, 0373 & 0374 PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U K. **Pack size and RSP:** 36's £8.99, 72's £17.49

## References:

- Shiffman, Saul et al. Efficacy of a Nicotine Lozenge for Smoking Cessation. Arch Intern Med/Vol 162, June 10, 2002 1267-1276
- Lifting the Smokescreen, BRMB, August 2001



Growth in the VMS market has ground to a halt over the last couple of years – but does that mean the public have lost faith in supplements thanks to the many media scare stories, or is it a temporary blip that will right itself in time?

**Sarah Purcell** finds out

**T**he latest PAGB report showed sales of vitamins and minerals were down by 3.3 per cent last year and 5.6 per cent the year before, while Mintel has put the value of the market at £350 million, the same as for the past two years.

#### *Why have we stopped?*

The abolition of RPM in 2001 may have initially had an effect on sales, but it doesn't really explain the downward spiral.

"Abolition of RPM has led to price discounting but it's not had as big an effect as anticipated as volume sales have kept roughly in line with market value," says Alexandra Hilton, communications manager at Vitabiotics.

Many industry experts place most blame for declining public confidence in the market on the publicity that followed the Expert Group on Vitamins and Minerals

(EVM) Upper Safety Level report.

We saw reports about:

- The possible health risks of overdosing on vitamin C, which the media linked with cancer and heart disease.
- Doubt was cast on the effectiveness of antioxidant vitamins, and some suggestions that they could even have a negative impact on heart health rather than the previously believed benefits.
- The Foods Standards Agency warned people of the possible dangers of taking high doses of vitamins and supplements over long periods, notably vitamin C, zinc, manganese and phosphorus.

"The media coverage which followed the release of the EVM was highly biased and failed to point out that, in many cases, the upper safe levels it suggested were actually higher than those already adopted by the industry as a whole. So the story could be

turned on its head, to say some vitamins are safer than previously thought," says Alexandra Hilton.

At the PAGB, communications director Mike Owen agrees that negative publicity has shaken public confidence in vitamins: "This market is very sensitive to any type of publicity, both positive and negative, and the headlines last year have affected confidence. However, people do dip in and out of vitamins – around a third of users will either start or stop using particular products as a result of something they hear or read."

It may also be that the public is becoming sceptical about the benefits of VMS because of the contradictory reports that they read – first they read that soya could prevent breast cancer, and several months later other reports say it could be harmful to health. The cumulative effect is that some consumers lose faith in vitamins and stop taking them at all.

People who improve their diet tend to take vitamins as well



## AIMS OF THIS FEATURE

- To see how the VMS market is performing
- To discover what influences consumer purchases
- To identify present and future trends



### Changing market

The truth is that consumers aren't turning away from vitamins in droves, but changing what they take in response to an evolving market.

"Despite the static market, we've seen some notable success stories, in particular fish oils, glucosamine and soya," says Dr Dick Middleton, chairman of the British Herbal Medicine Association.

"We're seeing consumers move away from more traditional single dose vitamins towards the new supplement combinations." It may also be that people are starting to follow healthy eating guidelines, which suggest that vitamins are not necessary.

"It's true that it's not hard to get enough vitamin C by increasing your intake of fruit and vegetables, but it's much harder – and

more expensive – to ensure an adequate intake of fish oil, soya or glucosamine through diet alone," says Dr Middleton.

Mike Owen agrees there is increasing awareness of the importance of a balanced diet "but those people who improve their diet tend to take vitamins as well as – not instead of – a better diet."

What we're seeing is the growth of supplements to treat specific conditions and groups of people – Omega 3 fish oils to improve concentration in children, glucosamine for arthritis, supplement combinations to treat menopause and menstrual symptoms.

"There's no doubt that multivitamins are outselling single vitamins, but that's not to say they've had their day – calcium

supplements, for example, have always sold well. But people are more educated and understand that nutrients work together. Also, taking a range of single vitamins for a specific health problem is more expensive and can lead to doubling up if the wrong formulas are put together," says Alexandra Hilton.

One notable exception is cod liver oil, which has seen a surge of popularity in recent years thanks to new scientific studies which back up its benefits.

In the UK, some 43 per cent of us take vitamins and supplements, making us the heaviest users in Europe – only 25 per cent of French people take VMS, 23 per cent of Italians and 8 per cent of Spaniards (*Mintel, May 2003*).

Use of vitamins increases steadily with age, and the over 55s are the heaviest users, with 51 per cent taking them regularly, according to Mintel. Women are still more likely to take vitamins and supplements than men: 49 per cent compared with 36 per cent of British men. Younger people tend to use vitamins occasionally rather than on a daily basis, perhaps taking them at times when they're stressed or tired.

Mintel has identified an increasing polarisation of consumer views on vitamins. There is a growing core of hardened non-users, who never take vitamins because they don't believe they can do any good (18 per cent of those surveyed), while on the other hand the number of consumers who are convinced that vitamins benefit their health has risen to 24 per cent.

Pharmacy staff play an important role as healthcare advisors and consumers will turn to you for advice on the huge choice of vitamins and supplements now available, especially if they're also taking medicines that could cause interactions.



## Going up...

Multivitamins (up 3.7 per cent)  
Cod liver oil (+up 8.5 per cent)  
Gamma Linoleic Acid (+30.1 per cent)  
Omega 3 fish oil (+115.4 per cent)

## Going down...

Vitamin C (down 2.3 per cent)  
Vitamin E (-11.3 per cent)  
Antioxidants (-13 per cent)  
Garlic (-9.9 per cent)

Source: IRI July 2004

"A key piece of advice is to take the time to listen to customers carefully and ask about their current dietary habits and patterns. They need to assess whether a complete multivitamin would be a sensible precaution and whether there are other specific needs such as additional calcium supplementation and other risk factors," says Alexandra Hilton.

The array of products can be baffling, so help customers out by planning the area carefully. Position products in key segments together such as joint care, immune boosters, pregnancy, menopause, cardiovascular health.

## The future

Mintel predicts a slow increase in VMS sales over the next three years, of around 3 per cent, once the uncertainties of the new EU legislation are made clear and manufacturers can focus on new product development and promoting their brands.

Products aimed at relieving stress show good potential for growth, says Mintel, particularly among younger, occasional users.

Vitabiotics predicts a growth in supplements aimed at men. "Men are becoming increasingly self-aware and health conscious. They are now very concerned about looking after their appearance and health," says Alexandra Hilton. The company also predicts a growing market for glucosamine and chondroitin products for joint conditions.

Mike Owen is looking forward to a steady rise in VMS sales in the coming years.

"We've already seen growth returning this year thanks to new product innovation and a lack of scaremongering media coverage. But the future really lies in the effective communication to the public of the science behind vitamins and supplements." ©

## Win a bottle of Champagne with Over The Counter

Check out what you have learned in our VMS feature and you could be celebrating your increased knowledge with a bottle of bubbly. Just mark the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of October 31 will be the winner.

### 1 What is thought to have shaken public confidence in vitamin and mineral supplements?

- a the abolition of RPM b negative publicity  
c contradictory stories in the media

### 2 Which of these supplements is/are showing particularly healthy growth in sales?

- a fish oils b vitamin C c glucosamine

### 3 The PAGB's Mike Owen says the trend is:

- a away from multivitamins towards single vitamins  
b away from high dose towards low dose  
c away from single vitamins towards multivitamins

### 4 Only 8 per cent of Spaniards take supplements, but how many Brits take them?

- a 32 per cent b 43 per cent c 54 per cent

### 5 What do Mintel and Vitabiotics predict will be the growing areas for VMS?

- a products to combat stress b products aimed at women c products aimed at men

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/VMS, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, save postage by putting all your entries into one envelope and make it October Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

# VMS products

## Celebrity links for Berocca

Voted Best Energy Supplement in the 2004 Boots Vitamins Awards, Berocca is designed to help the consumer 'stay sharp'. Free from artificial stimulants, Berocca is a high-dose formula containing B vitamins, vitamin C and essential nutrients, aimed at people with hectic or physically demanding lives.

A national Tube and press advertising campaign last month is supplemented with an ongoing PR campaign in which certain celebrities claim they can't live without Berocca. Berocca is available as an effervescent orange drink (15, £4.89; 30, £8.89) or tablets to swallow (30, £6.99).



**Roche Consumer Health,**  
Tel: 01707 366000

## Continued support for Pharmaton

Boehringer Ingelheim is keeping Pharmaton Capsules in the public eye with a support package including consumer advertising worth more than £1.3 million.

The latest national campaign consists of London Underground 'tube cards' and poster sites designed to reach commuters, and full-page ads. The creatives use the keywords 'shattered, knackered and zonked'.

Pharmaton Capsules contain a blend of vitamins, minerals and G115 ginseng, clinically proven to relieve daily fatigue.

**Boehringer Ingelheim,**  
Tel: 01344 741493



## Sanatogen's stages

The Sanatogen range offers products for all stages of life from pre-conception to 50+.

Sanatogen ProNatal is a pre-natal vitamin and mineral with folic acid for women planning a pregnancy and during pregnancy and breast-feeding. Endorsed by the Royal College of Midwives, it has the RCM logo on the pack.

The Sanatogen Kids range includes Sanatogen Baby Syrup, Kids A to Z and Jellyvits. For adults, Sanatogen Vital 50+ provides a daily blend of

multivitamins and minerals with added lutein. The latest TV campaign for the product is on screen in October and November. Sanatogen Recharge is formulated for those with active, busy lives and Sanatogen Vital 50+, for people aged 50-64, is a multivitamin with ginseng and ginkgo.

**Roche Consumer Health,**  
Tel: 01707 366000





# BEAUTY COUNTER

It's a tough job...

**Lesley Keen** reports on some of the best products she has tried in recent weeks

It seems to be one of those irritating laws of nature that just when you've got your nails to grow beyond your fingertips one breaks, splits, flakes or tears, usually just as you leave the house for some important social or work-related event.

Now I've tried a few nail hardeners, strengtheners and tougheners over the years, with varying degrees of success, so it was with a wry smile that I read the pack front of Sally Hansen's Teflon Tuff Extra Strength Nail Protector. It claims to be super durable, extra tough, long wearing and with a superior moisture

barrier. And, after a month's use, I have to say that it does exactly what it says on the pack.

You paint one or two coats on to clean, dry, bare nails and add a coat or two of your preferred nail colour on top if you wish.

The result is a set of nails which immediately feel harder and since using Teflon Tuff I have only had to file my nails because they were getting longer than is comfortable for someone who spends most of her working life at a keyboard. An added bonus is that it seems to have coaxed my nails into a spurt of growth. Longer and stronger – it can't be bad!

\* I've mentioned the W7 range from Warpaint before and make no apology for doing so again as these products offer fun at a bargain price. I really like the Fruity Lip Balms – my favourites are coconutty Pina Colada and exotic Passion Fruit. The latest nail colours are also eye-catching and include a glossy Liquid Bronze and in-your-face Victoria Plum. The polishes go on smoothly, cover with one coat and dry quickly.

\* Moving towards the other end of the price spectrum, it's always a pleasure to open a package from Givenchy. The distinctive logo almost invariably draws your attention to quality products which combine innovation with wearability and new Skin Tonic Stretch-Cream Foundation and Pop Gloss lip gloss are no exception.

Described as "the beauty coach" which helps skin maintain its youth and

vitality, the foundation gives an instant 'lift' effect, smoothing lines and firming skin and the company says regular use will stimulate tone and elasticity. The

creamy formula comes with its own little scoop so you don't need to put your fingers into the pot. It is easy to apply and blend and skin really does feel tighter and firmer.

Pop Gloss lip gloss, in its tall, slender pack is formulated to

deliver great shine and boost lip volume. The texture is light and soft without being overly sticky and it has great depth of colour.

Two products you'll definitely want on your Christmas list.

\* Avalon Organic Botanicals was a new brand to me. Based in America, the company uses top quality botanical ingredients to produce its skin and bodycare range. I liked the Therapeutic Rosemary hand and body lotion which has a pleasant herbal smell and a silky texture. The lotion is readily absorbed into the skin without stickiness or greasiness. This is one to have on hand to keep skin soft and moisturised.

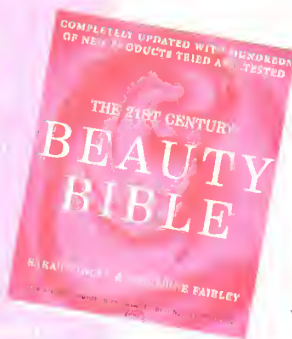
I also liked the Mint Thyme Deodorant, which is chemical-free. Lavender fans will love the Therapeutic Lavender Facial Cleansing Gel and Hydrating Toner – but I have to admit that I've never appreciated that particular fragrance since childhood when I had to be on my best behaviour on visits to Grandmama, who always seemed to have bathed in lavender water!

## READER OFFER

The Beauty Bible, revised and updated, is now available for just two days only. The book is a must-have for all beauty lovers and is a great reference for all beauty products. It is a comprehensive guide to all the latest beauty products and is a must-have for all beauty lovers. It is a comprehensive guide to all the latest beauty products and is a must-have for all beauty lovers.

The Beauty Bible is a comprehensive guide to all the latest beauty products and is a must-have for all beauty lovers. It is a comprehensive guide to all the latest beauty products and is a must-have for all beauty lovers. It is a comprehensive guide to all the latest beauty products and is a must-have for all beauty lovers.

It is a guide to all the latest beauty products and is a must-have for all beauty lovers.



We drag brushes through it, smother it with products to make it fuller, flatter, shinier or curlier, blast it with heat and take the full force of sun, wind and smoke. **Lesley Keen** looks at the abuse we routinely heap on our crowning glory

# Hair ssure

For something that is already dead by the time it emerges from the scalp, hair takes up a lot of our beauty time. We agonise over whether to have it long or short, poker straight or bouncy – if our mother says it looks nice we know the latest cut was a disaster – and for some women, their relationship with their hairdresser is just a series of one-appointment stands.

The trouble is, hair is so very visible. It's one of the first things people notice when they meet us and our hair cut, colour, style and condition send out all kinds of messages about who we are or who we want to be.

If you want your hair to say all the right things about you, you should take care of it. Top trichologist Philip Kingsley, who has his own range of hair products, says: "Hair can be

compared to keeping your body fit and healthy – just do it as a matter of routine."

## What is hair?

The basic structure of a single hair comprises three layers, says Mr Kingsley.

The outermost layer is the cuticle, which is composed of overlapping cells similar to the tiles on a roof. Under this lies the cortex, which accounts for the bulk of the hair and determines how thick, strong and elastic it is. At the centre is the medulla, which consists of transparent cells and air spaces.

Each individual hair and its follicle grow from the papilla, which Mr Kingsley describes as "a bed of activity at the base of the hair bulb which contains a blood and nerve supply."

Each follicle also has its own sebaceous gland, secreting sebum to help lubricate and protect the hair and the scalp.

"Damaged hair would have the cuticle ruptured and the cortex infiltrated so the corticle cells are weakened," says Philip Kingsley. "This reduces the elasticity of the hair and it breaks more easily. Damaged hair is also drier because of moisture loss from the hair cells."

## What do we do that we shouldn't?

Hair stylist Denise McAdam, who has developed a range of hair products with Tesco, says we should not just take a look at how we treat our hair but how we live our lives.

"Hair is a bit like a barometer of your body," she says. And health problems may show up in the hair before you are otherwise aware of them. And as women, especially young women, are drinking more alcohol, this can also show up in drier hair. "We see that alcohol dries the skin and it does the same for the hair," she says.

Stewart Long, Boots's scientific advisor on haircare, says heat treatment and perming, if they are not carried out carefully, are the things most likely to lead to poor hair condition in the long term.

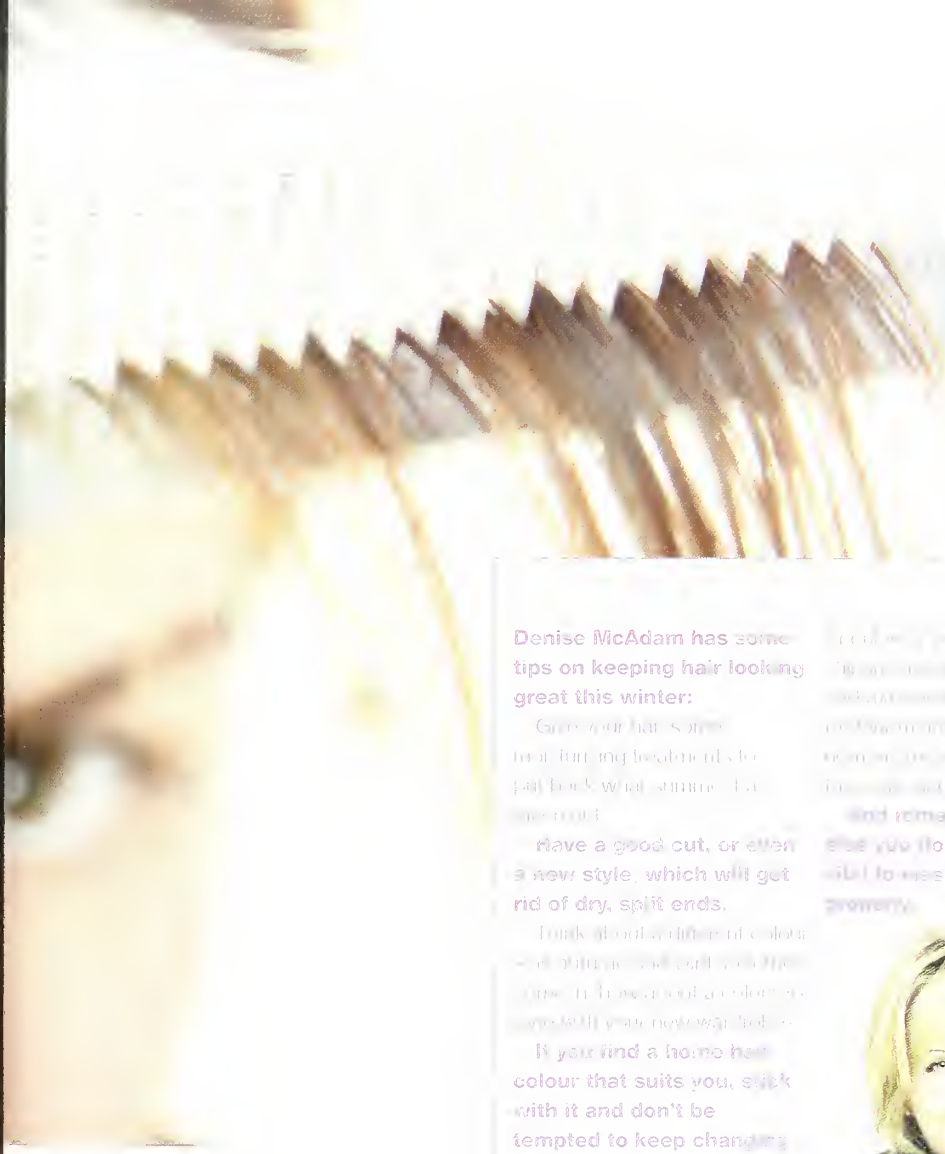
"Heat can be particularly damaging to hair as it causes oxidation of proteins and lipids,

More Women are complaining about thinning hair these days, says Philip Kingsley, and this can be caused by a number of things.

There are a number of reasons why hair can become thin. One of the most common is a condition called androgenetic alopecia, which is a genetic condition that causes hair to become thin and fall out. Another common cause is a condition called telogen effluvium, which is a temporary condition that causes hair to fall out. There are also a number of other factors that can cause hair to become thin, such as stress, diet, and certain medications.

There are a number of things you can do to help prevent hair from becoming thin. One of the most important things is to eat a healthy diet that is rich in vitamins and minerals. Another important thing is to avoid using too much heat on your hair. Finally, it's also important to avoid using too many hair products, as this can build up on your hair and cause it to become thin.





**Denise McAdam has some tips on keeping hair looking great this winter:**

Give your hair some moisturising treatments to put back what summer has done to it.

Have a good cut, or even a new style, which will get rid of dry, split ends.

Think about a different colour – not just a new shade of blonde, but one which will last longer and one which you'll love when you wash it out.

If you find a hair colour that suits you, stick with it and don't be tempted to keep changing brands.

Shampoo with care and don't rub in winter, as dry skin will be more likely to dry out. Use a gentle shampoo and conditioner.

Remember, whatever you do to your hair, it is vital to wash it and rinse it properly.

and remember, whatever you do to your hair, it is vital to wash it and rinse it properly.



affect hair, the central heating we all enjoy in winter also helps dry the hair and then, when we go into the cold, damp atmosphere outside, it's no wonder that hair becomes floppy and limp. "It is important to re-moisturise hair in time for winter," she says.

Mr Kingsley also says that the right choice of styling product can help as most are protective as well as moisturising.

**No way to turn back the clock**

Once severe damage is done, there is nothing that can reverse it, says Stewart Long, but good conditioners will help make it look better. As hair only grows at about one centimetre a month, shoulder length hair can be two years old, so it is best to avoid or minimise damage or live with the consequences for a long time.

"You can minimise hair damage by treating the hair gently," stresses Mr Kingsley. "Do not brush hard and do not pull hard while blow

drying. Do not use a sharp bristle brush – the best are made of pliable plastic with a ball-tipped end on each bristle. A saw cut comb is best of all." He advises using a pre-shampoo conditioning treatment and always using conditioner after every shampoo.

Stewart Long says you should base your choice of shampoo and conditioner on your hair type and lifestyle. Products for dry hair have different cleansing systems from those for greasy hair and frequent use products are formulated to be used daily, so they contain more moisturising and conditioning ingredients. Regular swimmers should also choose a product designed for them.

**Meeting demands**

Consumers want a lot from their haircare and styling products, so manufacturers are working hard to deliver technologically sophisticated solutions.

Today's products are highly advanced compared with those available just a few years ago and they can do much more than simply clean the hair.

There are cleansing and styling products to protect against heat damage, remove product build-up or chlorine, protect against UV damage, reduce frizz, boost volume, deliver shine, help reduce colour fade and to keep blonde or brunette hair bright and vibrant.

And the range of waxes, sculpting products, gels and glossers is growing all the time.

Some of the benefits of skincare are also finding their way onto the haircare fixture, with UV, heat and free radical protection.

"New delivery formats and styling products are showing large growth as consumers want better, innovative products that allow previously difficult to achieve hairstyles or looks to be achieved at home. The trickle through of skincare-led technology is likely to accelerate this innovation over the next few years," says Stewart Long.

Denise McAdam says women may need different products at different times of the month and they also need to choose products suited to their lifestyle and life stage. "There is no way in the world that I should use the same shampoo as my teenage daughter," she says.

If your hair is coloured, you should use a shampoo formulated for coloured hair as this will help stop the colour from fading. ©

weakening the fibre, and also causing direct mechanical damage."

He says that holding a hair drier close to one area of the head or using heated tongs or straightening irons can badly affect the hair fibre. "The extreme heat generated causes the cuticle to split and bubbles to form within the hair due to rapid boiling of water in wet hair," he told us. This damage is irreversible and results in dull, lifeless, brittle hair.

Although a perm is one of the best ways to add body to thinning hair, it is not something that should be done frequently.

"When hair is permed, the bonds within the hair that give it strength are broken and then reformed again to lock the curl in. However, it is not possible to get every broken bond to reform, so the strength of the hair is slightly reduced," says Stewart.

Perm too often and break too many bonds and you'll have weak, brittle hair and it may also feel drier. He says heated appliances should never be held in one position, but moved gently and slowly over or through the hair. He recommends gentle towel drying followed by natural drying or a cool air hairdryer as the best options to avoid heat damage. For those using heat regularly, one of the newer heat-protecting styling products will help minimise damage.

Denise McAdam says it's not just heat from driers and styling gadgets which can

## Test your knowledge

### Win a bottle of Champagne with Over The Counter

Check out what you have learned in our haircare feature and you could be celebrating your increased knowledge with a bottle of bubbly. Just mark the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of October 31 will be the winner.

1. What is the middle layer of the hair called?  
a cuticle b cortex c medulla
2. What are the two things which Stewart Long says cause poor hair condition in the long term?  
a heating b vigorous brushing c perming
3. What does Philip Kingsley say you should do after every wash?  
a dry hair naturally b use conditioner c use a styling product
4. Which of the following can influence thinning hair in women?  
a too much UV exposure b stress c the menopause
5. What does Denise McAdam recommend for winter haircare?  
a cutting off dry, split ends  
b exfoliating the scalp with a dandruff shampoo  
c putting some moisture back into your hair

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send your completed entry to: Test Your Knowledge, *Over The Counter*/Haircare, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Save postage by putting all your entries for this issue's offers and competitions into one envelope and mark it October Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, occasionally, from selected third parties. See Contents for further details.

## beauty news

### Good things in small packages

Elegant Touch false nails already contain up to 12 sizes in a pack, but the company has found that some women have smaller nail beds than others, so it has produced new Petite French Nails.

The new nails allow women with smaller hands to achieve natural looking French manicured nails in an instant. Available in American Girl Pink, with subtly blended tips, and Naturally Yours Bare, with a more defined French manicure tip, the nails are ready shaped and decorated. They can be worn for up to 10 days and, because they are pre-decorated, they will not chip or smudge. The new Petite nails retail at £6.99 per set.

Original Additions,  
Tel: 020 8573 9907



## Haircare news

### New owner for ARL

Schwarzkopf & Henkel, the company whose portfolio includes Live Color, Supersoft and Pro.Styling, has acquired the Californian-based haircare company Advanced Research Laboratories.

The ARL products include Zero Frizz, Citre Shine, Thicker Fuller Hair, Got2b Glue, Color Heads and the recently launched So Smooth has specialised in developing products in line with salon specialist lines to give specific solutions to everyday haircare dramas.

Schwarzkopf & Henkel says it plans to build on and expand current ranges.



**Schwarzkopf & Henkel,**  
Tel: 0800 328 9214

### Recover with Nourkrin

Hair loss is a growing concern for a number of women. Stress, diets and increasing use of hormonal therapies such as the Pill and HRT are being blamed for what some experts have called "an epidemic leading to marriage breakdown, wrecked careers and ruined lives".

Nourkrin is a food supplement which supplies the specific compounds needed to promote good, natural hair growth from the follicles. The key ingredient is a protein compound of marine extracts blended with an organic, soluble silica and vitamin C to make what Lifes2good calls "a unique hair nutrition programme".

Nourkrin works for men and women and the tablets are convenient to take.

**Lifes2good, Tel: 0208 995 7701**



### WIN Lady Jayne accessories!

Lady Jayne, the leading name in hair accessories for more than 70 years, is now being distributed in the UK by Richardson Sheffield.

Lady Jayne offers a comprehensive range of quality brushes, combs and styling accessories. All products are supported by a 100 per cent guarantee of complete satisfaction.

We have 25 sets of Lady Jayne hair accessories, worth £12.00 each, to give away to *Over The Counter* readers. Each set comprises the classic, contoured Alice Band plus five elegant hair grips including the Shell Claw Grip, which boasts a patented European design.

For a chance to win one of our free sets of Lady Jayne accessories, please send your name, address and the name of the pharmacy where you work to: *Over The Counter*/Lady Jayne Offer, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive by November 5.



### Salty treat for the bath

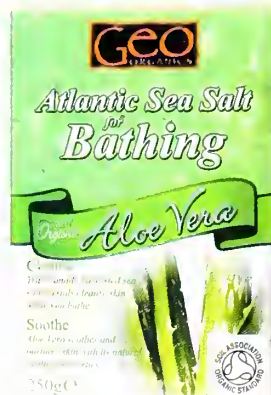
Venture Foods takes its first step into the bath and beauty market with Atlantic Sea Salt for Bathing with Aloe Vera under its Geo Organics brand.

The bathing salts are based on the company's best selling Atlantic Sea Salt, which is harvested by hand from Portugal's Atlantic shores and dried in the sun and wind. The new product also contains 5 per cent organic aloe vera, known for its healing properties.

The company says that the combination of deep cleansing salt crystals and healing aloe vera means that the product will occupy a special niche in the personal care market. It is one of the first products to be included in the Soil Association's new set of stringent criteria for health and beauty care.

Geo Organics Atlantic Sea Salt for Bathing with Aloe Vera retails at around £1.75 for 250g, which is enough for two relaxing, soothing baths.

**Venture Foods,**  
Tel: 01743 289133





# Wake up to Yeastvite



**Presentation:** tablets each containing 50 mg caffeine, 1.57 mg nicotinamide, 0.167 mg thiamine hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). **Indications:** Relief of fatigue and drowsiness, provision of recommended daily amount of vitamins B1, B2 and nicotinamide. **Dosage:** Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in any 24 hour period. Not to be given to children under 12 except on medical advice. **Contra-indications:** Known sensitivity to any of the ingredients. **Warnings and Precautions:** Avoid excessive intake of coffee or tea. **Interactions:** Ergolamine, idroclomide, melleline, ciprolfloxacin, enoxacin, pemetidine acid, fluvoxamine, phenylpropanolamine, phenylhydrazine, clozapine, lithium, theophylline, pentobarbital, diazepam and methoxsalen. **Pregnancy and lactation:** Consult a doctor before use. **Undesirable effects:** Caffeine may cause tremor and palpitations. **Legal category:** GSL. **Marketing Authorisation Number:** 00240/0031. **Marketing Authorisation Holder:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Distributor:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Trade Price per pack:** £1.40 (24), £2.27 (50), £3.42 (100). **Pack size:** 24, 50, 100 tablets. **Date of preparation:** August 2004.

Everyone suffers from tiredness at some time, but to perk you up, YeastVite has a great competition for you to enter. Just choose your favourite caption for the exhausted customer in the picture, or even think of one of your own and send your entries to YeastVite competition, Thornton & Ross, Linthwaite, Huddersfield HD7 5QH

**Or email [yeastvite@thorntonross.com](mailto:yeastvite@thorntonross.com)**

The first 50 entries drawn from the postbag on 30th November 2004 will win a Massage Pen from YeastVite. Designed to help you through the most stressful days in the pharmacy, the Massage Pen soothes tired muscles and rubs away tension. Just press the pen and feel a really deep, soothing vibration that really hits the spot.

YeastVite is a fast, gentle, pick-me-up that brings speedy relief from tiredness. It has a unique formulation, containing caffeine and essential B vitamins for the speedy relief of mental and physical fatigue and general tiredness.

**So, who do you know who could benefit from YeastVite?**

For further information, contact the Marketing Authorisation Holder: Thornton & Ross, Linthwaite, Huddersfield HD7 5QH. Tel: 01484 842217

## CAPTIONS:

- ☐ 1. The feng shui consultation left Marjorie in need of a boost
- ☐ 2. I'm sure I had two children before I fell asleep
- ☐ 3. Mrs Bowen needed a pick-me-up whenever little Lawrence Llewellyn played his favourite game

Just tick your favourite Or My own caption is:

NAME:

PHARMACY ADDRESS:

TELEPHONE:



# Cold

## comforts

Consumers now realise there is no magic bullet to cure colds and flu, but they still manage to spend more than £375 million to relieve their symptoms.

**Ailsa Colquhoun** finds out how these customers are having their demands met over the counter

Just one generation ago, questioning the doctor's judgement would have been sacrilege. Nowadays, patients pre-armed, either physically or mentally, with healthcare information are commonplace – so much so, that NHS Direct alone receives around 500,000 calls a month from patients deciding, with support from a healthcare professional, which healthcare road to follow.

In the past four years, since the publication of the *NHS Plan*, self-care and OTC medicines have become a real option, and, when it comes to colds and flu, those in the 'winter remedies' category have proved no exception. Thanks to the cold, wet British winters, increasingly common worldwide travel and concerted Government campaigns to keep patients with colds and flu out of the doctor's surgery, winter ailments now rank as the UK's number one OTC market overall. After a season generally considered shorter and less severe than the norm, last winter's market was valued at a staggering £375.5 million – up almost 4 per cent on the previous year.

### Confident consumers

Yet success in the consumer goods field brings with it challenges, says Pfizer, which admits that nowadays manufacturers increasingly have to engage with consumers and understand what drives them to purchase if they are to make that all-important sale. As Peter Wilson, Pfizer group marketing manager, URT, says: "The move towards a self-medicated market means consumers, more so than pharmacists and healthcare professionals, will decide which product they will buy to treat their ailments." OTC giant Crookes Healthcare says this is particularly true when, like last year, suffering levels were low and consumers feel

sufficiently confident to self-medicate without advice.

To attract these increasingly confident consumers, manufacturers have been forced to focus on two key elements of the purchasing process – the brand and the consumer. On the brand side, this has meant giving the brand a personality that

consumers can buy into, through better packaging and communication, while on the consumer side, this has meant understanding that cold sufferers are not a homogenous group.

Pfizer points out: "Some consumers will expect multi-offerings from products, whereas others may perceive the product function as watered down, when considering a 'two-in one' style offering."

Its recent research document, *The Vision: 2004 Healthcare Market Insight*, reveals that consumers generally fall into one of four types:

- 'As-and-wheners', who account for around 30 per cent of all consumers. This group usually buy medicines as a distress purchase and are most likely to be single or in a relationship, with no children.
- 'Reluctant users' (26 per cent), who are most likely to be young, male, with no children and who generally believe that medicine is for wusses.
- 'Hoarders' (23 per cent), who are prepared for anything, keeping remedies on hand in the bathroom cabinet. These

### AIMS OF THIS FEATURE

To recognise the importance of the winter remedies market

To discover what consumers want

To see how manufacturers are responding to consumer demand







are likely to be part of a family with children.  
● 'Ever readies' (21 per cent), who may well have chronic conditions needing regular medication. This group are likely to be educated to expect better health for longer, Pfizer says.

Mintel, in its recent report on the winter remedies market, also believes that retailers in this category need to take into account the main sufferer groups: younger people, due to their relatively high levels of participation in social and work-related activities, and families who live in large groups where ailments are easily spread and children are present. For this reason, perhaps, Mintel suggests that those of retirement age and above have a lower incidence of cold and flu suffering. It also suggests that the 28 per cent of adults who smoke should be considered. Not only do these people tend to be young and from the less well-off socio-economic groups, but the evidence shows they are also more susceptible to coughs and sore throats and are keen purchasers of products such as medicated confectionery. ▶

## ***Winter ailments***

now rank as the UK's

***number one***

OTC market overall



Nearly half of UK consumers **claim**

to go to work unless they are  
**physically unable** to get out of bed

### Distress purchases

All, though, are driven by factors such as accessibility, efficacy, portability, ease of purchase and 24 hour availability. Lemsip says this is borne out by the continuing popularity of convenience formats, such as capsules and microgranules. According to brand manufacturer Reckitt Benckiser, almost four in five purchases are made when illness strikes. RB says Lemsip Max Capsules 16s are now the UK's third biggest selling cold/flu product, while Lemsip Max Direct Lemon saw its value rise 56 per cent on the previous year.

For grocers, which are typically rated for their lower prices, convenience and accessibility, this has proved good news and Tesco and Asda now rank as the number one and two grocery outlets for winter remedy products respectively, says Consumer Health UK. Grocers generally fared better than pharmacy during last year's sales season, seeing sales increase 8.7 per cent over the year to March 20, 2004 (IRI) while pharmacy sales rose just 0.9 per cent. Despite this, pharmacy remains the dominant supplier of winter remedies, thanks to its ability to provide advice and recommendation. As GSK says: "When products are a distress purchase, price is not always a consideration."

### Sector success

Nearly half of UK consumers claim to go to work unless they are physically unable to get out of bed, according to GSK research, so it is hardly surprising that 'hit-it-hard-and-fast' multisymptom remedies remain the bedrock of cold and flu relief. Last year in pharmacy this was the fastest growing subsector by far.

Maximum strength products also remain key: Lemsip's Max Strength sachets (10), which is the UK's number one cold and flu remedy, accounted for almost a quarter of the entire value of the Lemsip Cold and Flu portfolio in December last year in the independent sector (IMS Consumer Health UK). This year, the market is to be developed further by the launch of a new Lemsip Max variant, Lemsip Max All Night Decongestant Spray (oxymethazoline). Together with fellow newcomers, Cold and Flu Sinus 12-Hour Ibuprofen and Pseudoephedrine and Flu 12-Hour (ibuprofen and pseudoephedrine), this will be supported by a £7m TV, poster and radio advertising campaign.

GSK is also promising to add its weight to the subsector later this year with Nurses brand activity, a new addition to the range, and a seasonal support package worth around £5m that will also promote Beechams.

Decongestants, the number two subsector by value, were also in growth last season, thanks to a wealth of product development and Sudafed manufacturer Pfizer Consumer Health believes that congestion relief products have plenty more sales potential. It says that although everyone in the UK is likely to suffer from some degree of nasal congestion at least once a year, many sufferers often treat inappropriately, using antihistamines or a multi-action cold remedy. But, as Sudafed brand manager Matthew Rich says: "Consumers are becoming increasingly aware of the signs and symptoms of nasal and sinus congestion and seeking effective treatment from pharmacy. This offers a significant growth opportunity for the pharmacist."

Decongested sufferers might also be more grateful than you might realise, Pfizer adds. A research report developed by Cardiff University's Smell Laboratory reveals that smell plays an important role in physical attraction.

"Everyone has a unique smell and potential partners will be heavily influenced and attracted by your pheromones. A reduction in sense of smell over time, that can be as a result of not treating your blocked nose, was linked in the research to reduced sexual interaction," says Professor Tim Jacob of the Cardiff Smell Laboratory.

To support its subsector-leading Sudafed range this year, Pfizer has planned £3m-worth of marketing focusing on pharmacy hero products, Non-Drowsy Sudafed Dual Relief Max and Non-Drowsy Sudafed 12 Hour Relief.

At Lemsip, though, sinus suffering is the big news this year. Company research reveals that an estimated 21 per cent of the population can suffer from sinus problems, sometimes up to 13 times per year. Yet, some sufferers do not realise they have sinus problems,





# HALF TIME HEALING



## CUT COLD SORE HEALING TIME BY UP TO HALF<sup>\*1,2</sup>

Nothing works faster than Zovirax® Cold Sore Cream to treat the tingle or bust the blister of cold sores.<sup>1,2,4</sup> Zovirax helps soothe pain within an hour of application<sup>5</sup> and cuts cold sore healing time by up to half.\* You and Zovirax together – what a great team.

\*Compared to no treatment



aciclovir

### Zovirax Cold Sore Cream Product Information

**Presentation:** 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contraindications:**

Known hypersensitivity to aciclovir or propylene glycol. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Consult doctor if pregnant or

breast feeding. **Side effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Legal category:** P **Product licence number:** 00003/0304 **Product licence holder:** The Wellcome Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.99, 2 g pump - £6.19 **Date of last revision:** March 2004. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies.

### References:

1. Spruance SL *et al.* Antimicrob Agents Chemother 2002; **46**(7):2238-43.
2. Spruance SL. Seminars in Dermatology 1992; **11**(3): 200-206.
3. Van Vloten WA *et al.* J Antimicrob Chemother 1983; **12**(Suppl B): 89-93.
4. Fiddian AP *et al.* Br Med J 1983; **286**: 1699-1701.
5. Data on file, GlaxoSmithKline, 2001.



GlaxoSmithKline  
Consumer Healthcare



## Win a bottle of Champagne with Over The Counter

Check out what you have learned in our colds and flu feature and you could be celebrating your increased knowledge with a bottle of bubbly. Just mark the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of October 31 will be the winner.

**1 When winters are warm and short, how does Crookes Healthcare believe this influences consumer behaviour?**

- a they are more confident about self-medication
- b they are less confident about self-medication
- c they don't self-medicate

**2 Pfizer divides consumers into how many general types?**

- a two b four c six

**3 Which is the biggest of these groups?**

- a hoarders b reluctant users
- c as-and-wheners

**4 Which group does Mintel believe has a lower incidence of colds and flu?**

- a families with children
- b young adults
- c retired people

**5 Which are the biggest sellers within the cold and flu market?**

- a multi-symptom relief products
- b single symptom relief products
- c children's products

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send your completed entry to: Test Your Knowledge, Over The Counter/Colds and flu, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Save postage by putting all your entries for this issue's offers and competitions into one envelope and mark it October Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

believing they are suffering the symptoms of an allergy or simply a cold or flu. "But when the sinuses get inflamed and swollen, fluid gets trapped, resulting in a build up of pressure, which can cause intense pain.

"Sinus sufferers describe the worst symptoms as pressure pain and congestion and, therefore, believe cold treatments are not suitable for them. They want a sinus-specific remedy," says brand manager Helen Powell.

To capitalise on a demand which, over the past year, has fuelled a 50 per cent uplift in sales of Lemsip Max Sinus Capsules, Reckitt Benckiser is this year adding to its sinus care portfolio with the launch of a Cold and Flu Sinus 12-Hour Ibuprofen and Psuedoephedrine remedy. The good news for pharmacy is that, according to the company's research, the majority of sinus sufferers consider the pharmacist as their main source of advice in this sector. ©

### WHAT WE HAVE LEARNED

- The winter remedies market is worth more than £375 million
- While grocery sales in the sector are rising faster, pharmacy is still the dominant supplier, thanks to its available advice and recommendation
- When winters are shorter and less severe, consumers are more confident about self-medicating
- Manufacturers identify different types of cold sufferer
- The factors which influence distress purchases

# Winter remedy products

## Big support for Benylin

Pfizer Consumer Healthcare is supporting its Benylin cough, cold and flu range with a £2.5 million support package. Benylin was voted the UK's most trusted cough and cold brand in the annual Reader's Digest poll 2004.

Benylin offers seven variants for adults and five sugar and colour-free variants for children. The latest addition is Benylin Tickle Coughs: Non Drowsy, with variants for adults and children. The brand also includes Benylin 4-Flu, Day & Night Tablets, Sore Throat Lozenges and Benylin Active Response.

The Benylin Flu Advisory Network gives pharmacy and consumers information on cold and flu levels in their area at [www.coughandcoldadvice.com](http://www.coughandcoldadvice.com)

**Pfizer Consumer Healthcare,**  
Tel: 01304 6161



## Now Halls launches Triple Action

Cadbury Trebor Bassett has expanded its Halls medicated confectionery brand with Halls Soothers Triple Action.

The new lozenges offer anaesthetic to fight pain, antiseptic to fight infection and demulcent properties to soothe sore throats. Available in Original and Honey and Lemon flavours, the lozenges, says the company, offer "a more serious functional solution within the medicated confectionery sector". They are available in packs of 20 retailing at £2.25.

**Ernest Jackson & Co Ltd, Tel: 01363 636100**

## Olbas ups its blackcurrant account



GR Lane has relaunched Olbas Blackcurrant Pastilles – with even more blackcurrant flavour.

The relaunch is being supported with a £3 million national TV and press advertising campaign which features the whole Olbas range.

The sugar-free pastilles are formulated to relieve the symptoms of colds, coughs, catarrh, sore throats and flu. They are presented in a 40g carton retailing at £2.29.

**GR Lane Health Products,**  
Tel: 01452 507458



## Happi new look for decongestant

Happinose decongestant balm has a new look and, says Dendron, its convenient, slimline display tray is "perfectly shaped for success in your coughs, colds and tissues sections".

The company is continuing to support the Happinose brand with consumer PR throughout the coming winter.

Happinose, which is formulated to help clear blocked noses and soothe sore ones, retails at £3.45 for 14g.

**Dendron Ltd,**  
Tel: 01923 229251



Contains: Paracetamol 1000mg, Phenylephrine  
Hydrochloride 12.18mg, Guaifenesin 200mg,  
Cetylpyridinium Chloride 3mg



## Powerful relief from ALL 5 main symptoms of colds and flu

- The **STRONGEST** chesty cough, cold and flu-specific formula available in the UK
- From the brand that delivered you a massive 72% of the cough market's growth last winter <sup>1</sup>
- One of the UK's most trusted brands <sup>2</sup>
- Famous Covonia brand recalled by more than 35 million consumers <sup>3</sup>
- Massive TV launch campaign powered by the award-winning Covonia bull

# COVONIA

**YOU CAN FEEL IT WORKING**

1. IRI MAT February 2004 2. Readers Digest 2003/4 3. KGS U & A Study Calculation February 2004

Children over 12: 12ml dose repeated not more frequently than every 4 hours. Maximum of 4 doses in 24 hours. Not recommended for children under 12. Contraindications: hypersensitivity to any ingredients. Precautions: Not suitable for long-term use. Use with care in patients who are breastfeeding, suffering from alcoholism, with liver or kidney disease, epilepsy, prostate trouble, hyperthyroidism, hypertension, coronary heart disease, diabetes, glaucoma, with intolerance to some sugars. Not to be used with other cold or decongestant medicines or other paracetamol-containing medicines. Side effects: Rarely with paracetamol: hypersensitivity (including skin rashes), blood disorders and porphyria; rarely with phenylephrine: hypertension and palpitations; rarely with phenylephrine: dizziness, vomiting, diarrhoea and insomnia; occasionally with guaifenesin: upset stomach. Legal category P. RSP (inc VAT): £4.29 (160ml) RSP (exc VAT): £3.65 (160ml). Product Licence Number: PL 16028/0006. Manufactured For: Thornton & Ross Ltd., Lintwaite, Huddersfield, HD7 5QH. Product Licence Holder: Galpharm Healthcare Ltd, Dodworth Business Park, Dodworth, Barnsley, South Yorkshire, S75 3SP. Date of Preparation: July 2004





**UniChem offers relief through the day**

Cold Relief Capsules from UniChem are formulated for effective relief of the shivers, aches and pains of colds and flu. The non-drowsy capsules also act as a decongestant for catarrh, blocked nose and sinuses.

By relieving these symptoms, Cold Relief Capsules aim to help sufferers through the day. They are presented in packs of 16, retailing at £1.49 and are available in singles or on twice-daily deliveries for distress-driven purchases.

**UniChem Ltd, Tel: 020 8391 2323**

## Nurses lead the way

Night Nurse and Day Nurse have been two of GlaxoSmithKline Consumer Healthcare's cornerstone brands and the company says they have consistently led the way as the number one pharmacy-only cold and flu brand.

The Nurses range has strengthened its position as the leading pharmacy-only cold and flu brand, growing by 12.2 per cent year on year and Day and Night Nurse, launched in September 2002, has proved to be the leading P launch over the last three years.

The company is continuing to support pharmacy with the launch of Cough Nurse Night Time Liquid (see *On The Counter*, page 11).

**GlaxoSmithKline Consumer Healthcare,**  
Tel: 0845 762 6637



## New formula for Covonia

Thornton & Ross has launched Covonia Cold & Flu Formula into the Covonia range in time for the winter season.

Indicated for the relief of aches and pains, headache, nasal congestion, dry tickly sore throat and chesty

cough, the new product offers relief from the five major symptoms of colds and flu.

It is non drowsy and containing full therapeutic doses of paracetamol, phenylephrine and guaifenesin.

Covonia Cold & Flu Formula, which retails at £4.29 for 160ml, is being

supported by a major TV advertising campaign later this year.

**Thornton & Ross,**  
Tel: 01484 848200

Promotion

## Beechams develops to meet needs

The Beechams range has developed and evolved to meet changing consumer needs and now, says GlaxoSmithKline Consumer Healthcare it offers 'a comprehensive portfolio, covering many strengths and formats'.

The range offers multi-symptom products such as Beechams Flu Plus, All in One, Cold & Flu and Beechams Powders along with single symptom products including Beechams Decongestant Plus, Max Strength Sore Throat Lozenges and Beechams Veno's.

Beechams is now the number two cold and flu brand. GSK says Beechams All in One Tablets are the top GSL cold and flu launch of the past three years and Max Strength Sore Throat Relief Lozenges in lemon and honey or blackberry flavours were the best sore throat launch over the same period.

A major support package worth an expected £4.2 million is planned for the brand. It includes TV activity, PR and promotional support.

**GlaxoSmithKline Consumer Healthcare,** Tel: 0845 762 6637



## Sore throat? Spray it with Cherries

Prestige Brands has launched a new Cherry variant as a sister product to its top-selling Ultra Chloraseptic Anaesthetic Throat Spray.

Product packs have been redesigned to emphasise the spray format and fast-targeted relief for sore throats. The Cherry flavour is differentiated with a cherry image and pack colouring. The original spray is described as 'original menthol flavour'.

Prestige Brands says the Cherry variant is the only flavoured spray on the market. It was introduced following consumer research which revealed that some consumers were worried that the spray would taste too medicinal.



**Prestige Brands,**  
Tel: 01753 644478

## Lemsip Supports Cold and Flu Sinus Sufferers

Following the success of Lemsip Max Sinus Capsules (paracetamol, phenylephrine hydrochloride and caffeine), Reckitt Benckiser has extended the Lemsip Sinus range to include 2 new Sinus products formulated to tackle sinus symptoms.

**Lemsip Cold & Flu Sinus 12hr Ibuprofen & Pseudoephedrine capsules** (Pharmacy only) are unique to the market, as the only product to treat both sinus pressure pain and nasal congestion for up to 12 hours - helping sufferers to keep going throughout the day.

Recent findings show that sinus suffering is worse at night when people

are trying to sleep<sup>1</sup> - responding to this need, Lemsip has launched **Lemsip Max Sinus All Night Decongestant Spray** (oxymetazoline hydrochloride, GSL). The fast acting spray lasts all night for up to 12 hours and is formulated to help relieve congestion by opening the nasal passages - thus aiding a restful night's sleep.

Both products will be supported with a £7.5m advertising campaign.

- **Lemsip is your customer's No.1 choice<sup>2</sup>**
- **Stock up to meet demand and help ensure sustained sales.**

1. Sinus sufferers are more likely to wake up at night due to congestion. 2. Lemsip is the most popular brand of sinus medicine in the UK. Source: Kantar Worldpanel, 2003. Figures derived from a survey of 1,000 consumers. A. Choice of Value of Category: 52 w/e 17th August 2004.





# evolution



## not revolution

The tried and trusted OTC analgesics range from Sterwin has been modernised for today's discerning consumer.

The back of the pack has been reformatted to provide clear consumer information, whilst the front has evolved to keep us ahead of the competition and improve shelf visibility.

The end result is brand new packs which contain the same high quality products you and your customers know and trust.

**Sterwin**

Sterwin Medicines Ltd, PO Box 611, Guildford, Surrey, GU1 4YS.  
Medical info: 01483 505 515, email: [sterwin.sales@sterwin.com](mailto:sterwin.sales@sterwin.com)

Date of preparation: September 2004. Ref: STW218



# THE HEAT IS ON !

## HOT FAVOURITES cuddly, washable HEAT-PACKS

## CHARACTERS & COVERS to comfort and soothe

## ESSENTIALS extended ranges of Basics



Hot Water Bottles  
manufactured in Germany

Fashy hot water bottles are manufactured to British Standard B.S. 1970:2001, with jointless neck preventing leakages, odourless material, recyclable, brilliant and fadeproof colours...



Warmth & Wellbeing

For details and full colour catalogue contact:

Fashy UK Limited  
192 Alma Road  
Charminster  
Bournemouth BH9 1AJ

Tel. 01202 51525  
Fax 01202 531409  
sales@fashy.co.uk  
www.fashy.com

## Breathe Right aims to clear noses this winter

A new national TV advertising, PR, internet and sampling campaign is designed to position Breathe Right as an essential remedy for a good night's sleep for cold and sinusitis sufferers.

The campaign aims to let consumers know that Breathe Right nasal strips can help clear night-time nasal congestion caused by colds, flu and sinusitis, aiding better sleep and possibly faster recovery.

Drug-free Breathe Right strips are designed to fit over the nose with a spring plastic 'backbone' gently opening the nasal passages and relieving congestion. They are available in clear, tan and menthol variants.

Laser Healthcare, Tel: 01202 780558



## Winter Protection from HealthAid



Winter sees the return of the HealthAid counter display unit, filled with products to fight and protect against winter illness.

This year, the HealthAid range comprises: ZincVit™ C, a throat lozenge containing Zinc, Vitamin C and Propolis; Vitamin C 1,000mg chewable tablets to boost immunity; the popular Healthy Mega™ multivitamin to boost customers' nutritional intake and popular Echinacea in both tablet and liquid forms to help stave off winter bugs. Presented in attractive units, the Winter Protection package from HealthAid is designed to be a winner.

HealthAid, Tel: 020 8426 3400

## Strepsils aim to pass the taste test

Crookes Healthcare says research has shown taste is the second most important factor when customers choose a sore throat product. And its review of the Strepsils range has led to the launch of Strepsils Extra Citrus menthol lozenges with local anaesthetic hexylrescorcinol.

The company has also improved the flavour of Strepsils Orange with Vitamin C lozenges.

Strepsils pocket packs, in three variants, have also been redesigned and the new compact pack is easier to open and reseal.

Crookes Healthcare, Tel: 0115 953 9922



## Up to 10 hours' relief with Otrivine

Otrivine, the top-selling range of nasal decongestant drops and sprays is formulated to provide immediate and effective relief lasting up to 10

hours. Containing xylometazoline hydrochloride, Otrivine works by shrinking the swollen blood vessels in the nasal lining, widening the nasal passages, improving air circulation and allowing mucus to drain away more easily.

The range includes Otrivine Adult Nasal Spray, Measured Dose Sinusitis Spray, Adult Nasal Drops and Child Nasal Drops, which are suitable for children over two years, or from three months on the advice of a doctor.

Novartis Consumer Health,  
Tel: 01403 210211





## AIMS OF THIS FEATURE

- To identify the winter vomiting virus
- To discuss the symptoms
- To investigate treatment options
- To outline measures to limit its spread

Coloured transmission electron micrograph (TEM) of a section through two groups of Norwalk viruses. A characteristic of Norwalk virus is its ill-defined 'halo' surfaces

**Jeremy Clitherow, MBE**  
FRPharmS, explains how to be prepared if winter vomiting virus is a problem again this year

# Sick notes

Last year we saw a spontaneous and unexpectedly dramatic increase in the number of medical reports concerning the winter vomiting virus. So, should we expect another round of these attacks this winter and, if so, what should we do? As with everything, learn about it first, then plan your strategy and actions.

Medicine is constantly increasing its ability to diagnose accurately the organisms which cause diseases. Today's physicians want to know which virus or bacterium is present in pathological quantities, whether the invader is susceptible to our range of antibiotics or not, and what, based on proven evidence, is the best clinical approach.

## The virus itself

We know that the outbreak last year was caused by a specific viral organism, previously known as the Norwalk virus, but now better defined as Noroviruses. Infection by these Noroviruses causes gastroenteritis with spectacular projectile vomiting. Curiously, but quite characteristically of viral infections, these infections flash up in next to no time and the patient goes from feeling perfectly healthy to seriously ill within hours. As the enteritis progresses 'southwards', diarrhoea can become a very debilitating complication.

It is estimated that in each episode of explosive retching 20 to 30 million viral particles are broadcast into the atmosphere in the form of an aerosol and, bearing in mind that only 10 to 20 single viruses are needed to produce an infection, it is little wonder that

winter vomiting spreads like wildfire.

The first reported outbreak which was conclusively linked to the Noroviruses happened in a number of Scottish hospitals as recently as January 2002, and the infection has reappeared each winter since then.

## Virus design

Viruses in general are minute particles, more akin to chemical substances than living organisms, which need a host in which to live, thrive and reproduce. The Norovirus is a small, rounded, single strand, non-enveloped entity. Like all viruses, it is an example of exquisite geometrical design, based on multiple, replicated, identical subunits.

## The symptoms

The major symptoms are as you would expect from the name. There is profuse and frequent vomiting and also inflammation of the stomach lining. This gastritis presents as an overall tenderness, punctuated by acute cramps and pain. Usually, the symptoms appear within 12 to 24 hours of exposure and last for two full days. Some sufferers having misdiagnosed their illness as 'gastric flu', decide to play the martyr and report for work as usual. That is both false economy and daft logic. Everyone else is put at risk by this attitude, so sufferers should stay home and sweat it out in bed, remembering that a winter vomiting virus patient is still infectious for a minimum of two days after the symptoms have disappeared. The virus can still be detected in otherwise recovered

patients, and spread by them, for up to two weeks after that.

## Avoiding spreading the virus

All the work surfaces and furniture in the sickroom, the bathroom and the loo will be heavily contaminated. Very prompt action needs to be taken to ensure proper decontamination and disinfection. It will not be a one-off procedure either.

But what do you use? There are plenty of well-advertised and effective disinfectants on the market. One example is domestic bleach, which is lethal to bugs, provided that it is concentrated enough. Sadly, some of the products at the cheaper end of the market are just not strong enough. Do not forget about the surface you want to decontaminate. Make sure that the chlorine in the bleach will not destroy the finish as well as the bugs on it. And don't forget to disinfect those Marigolds too.

The atmosphere in the sickroom will also be heavily laden with infection, so protective masks are strongly recommended when entering the patient's room. Frequent and efficient handwashing should be undertaken, not just by the carer, but by all members of the patient's family.

A proper handwash entails a series of operations: the palms of the hands should be well lathered using soap and hot water, then the backs of the hands, each finger and thumb and then the wrists. Any professional nurse will tell you how important the handwashing process is for infection control.



Bed linen, pyjamas, handkerchiefs, flannels and towels will all be contaminated and should be washed promptly, using a high temperature cycle in the washing machine. Tissues are best for runny noses because they can be disposed of immediately after use. A resealable plastic bag by the bedside is easy to use and helps prevent the spread of infection.

Food and drink, cutlery and crockery are all easily contaminated and may pass on the infection, so advise strict kitchen hygiene all the time. Anyone working in the food industry should be aware of the risks and, if necessary, alert their employers and colleagues to the winter vomiting virus.

## Treatment

There's not a lot we can do for this type of viral attack, save treating the symptoms. The best advice is to keep warm, take plenty of fluids and whatever suits the patient for pain relief and temperature control.

Correct fluid replacement is very important because not only will the body be losing water by all the vomiting, it will also be losing valuable electrolytes, minerals and salts. There are various electrolyte replacement products available, some of which are unpalatable even when you are well.

Some of the brands give instructions for making up a large volume of the replacement therapy and storing it in the fridge. But carers need to be aware of the cross-contamination risks if they use that process. The best advice is always to take a cup or glass to the container of liquid and never take the container to the sickroom or you run the risk of contaminating the whole batch.

Pain relief for winter vomiting virus patients is controversial. Some experts say do not take any painkillers until the vomiting has stopped completely. Others advocate using soluble products first, but only at the frequency recommended on the instruction leaflet, to prevent double dosing.

Paracetamol is the best all-rounder for safe, effective pain and temperature control. Advise the customer – as always – to read the instruction leaflet and take the appropriate dose at the recommended frequency.

Aspirin is not recommended for the under 16s now and it is not suitable for those with stomach ulcers, some blood disorders and asthma. It also interacts with many other prescribed medicines, especially antacids and anticoagulants. There is also the danger of overdosage by duplication of brands. Patients often take two or more sets of branded products without realising that they have an ingredient which is common to them all.

While there is much to be said in recommending aspirin because it is a very low cost analgesic with anti-inflammatory properties, it is a renowned gastric irritant and may even produce fatal gastric bleeding in the worst cases. It has also been implicated in triggering asthma attacks in susceptible individuals.

Non steroidal anti-inflammatory drugs, NSAIDs, are heavily advertised at present. Like aspirin they can cause stomach irritation and can produce bronchospasm and trigger asthma attacks.

NSAIDs are not the ideal choice for the elderly because, amongst other things, their side effects are more pronounced. There are also specific and well documented problems.

When taken as a single dose, any of the NSAIDs will reduce pain, but the anti-inflammatory effect is only obtained after a full dose, taken regularly, and for a sustained period. Any less than that and there is no advantage at all over paracetamol, and possibly more disadvantages. On financial grounds, many of the proprietary NSAIDs are not cheap either. ©

## WHAT WE HAVE LEARNED

- Winter vomiting virus is relatively new in the UK
- It spreads very quickly
- The symptoms include violent projectile vomiting and later diarrhoea
- The symptoms last around two days, but sufferers can spread the virus for a fortnight after their symptoms have disappeared
- Sufferers should not go to work
- Sufferers and their carers should practise scrupulous hygiene routines to limit the spread

# Digestive

## Zantac 75 aims to educate



GlaxoSmithKline Consumer Healthcare is supporting its Zantac 75 brand with national TV advertising, point of sale material and a pharmacy assistant education programme. Zantac 75 Dissolve, the soluble tablet, which is the latest addition to the range, also benefits from dedicated press support.

Zantac 75, which contains cimetidine, is recommended for discrete attacks of heartburn. Zantac 75 Dissolve is the first product containing an H<sub>2</sub> antagonist to be available in soluble form. Both offer relief for up to 12 hours.

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700**

## £1 million boost for Zanprol

Zanprol 10mg, the new OTC omeprazole brand from GlaxoSmithKline Consumer Healthcare, benefits from a £1 million support package press advertising, radio and direct mail campaign.

The campaign runs until November and focuses on Zanprol as a breakthrough in recurrent heartburn management, emphasising that a short course of treatment can bring weeks of remission.

GSK has invested heavily in education resources for pharmacy since Zanprol's OTC launch in March this year and the company is now aiming to raise consumer awareness. Zanprol retails at £9.49 for a pack of 14 tablets.

**GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700**



# Soothe the Groans

**Asilone Antacid Liquid** contains Light Magnesium oxide 70mg, Aluminium hydroxide 420mg and Activated dimeticone 135mg. **Classification:** GSL. **Indications:** relief of dyspeptic symptoms. **Warnings:** not recommended in flatulent abdominal distension possibly related to intestinal obstruction. **Further information:** from Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH





# digestive disorders products

## Second taste of TV for Chews

Rennie's first TV outing in 2004 with Soft Chews was so successful that the company is spending £1 million on a second campaign which continues into October. The advertising highlights Rennie Soft Chews as the tasty alternative to traditional tablet remedies.

Rennie claims top spot in the indigestion market with 41 per cent of sales, but Roche says there is huge scope for growth as three-

quarters of adults suffer from indigestion or heartburn, but only around half treat their symptoms.

A report published recently recommends that calcium-based antacids, such as Rennie Soft Chews, should be the first line of treatment for heartburn and indigestion.

**Roche Consumer Health,  
Tel: 01707 366000**



## Express relief for TV

Thornton & Ross is investing in a major TV advertising campaign for Setlers Antacid Tablets. With the first part of the campaign

having started in September, a second burst will be on screen in December and January to capitalise on the key festive indigestion season.

The campaign is aimed at adults aged 25-54 to continue to build on awareness of the brand for the relief of acid indigestion, heartburn and flatulence. Consumers are reminded that 'Setlers bring express relief' following trigger situations such as stress, certain foods and hectic lifestyles.

**Thornton & Ross, Tel: 01484 848200**



## Diarrhoea advice is key

Research by Johnson & Johnson MSD has shown consumers are moving towards self-treatment of diarrhoea, so it is more important than ever for them to be given the correct advice.

The Imodium Plus range contains a combination of loperamide and simethicone to stop diarrhoea and relieve cramps, wind and bloating. As anti-diarrhoeals are seen as a distress purchase, the GSL pack of six Imodium Plus Capslets may be a more convenient and discreet purchase.

**Johnson & Johnson MSD Consumer Pharmaceuticals,  
Tel: 01494 450778**



## Dulco-lax helps drive laxative growth

The latest addition to the Dulco-lax range of laxatives is a GSL pack of 20 Dulco-lax Perles (£2.99). The self-selection pack helps overcome customer embarrassment, while the larger P pack allows the pharmacy to capitalise on brand loyalty.

Dulco-lax is available in a variety of formats including Dulco-lax tablets, easy-to-swallow perles for effective overnight relief and Dulco-lax suppositories for more immediate relief. For those who dislike or are unable to take tablets or perles, there is fruit-flavoured, sugar-free Laxoberal Liquid.

**Pharma Consumer Healthcare, Tel: 01202 314824**



## Test your knowledge

### Win a bottle of Champagne with Over The Counter

Check out what you have learned in our digestive disorders feature and you could be celebrating your increased knowledge with a bottle of bubbly. Just mark the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of October 31 will be the winner.

**1 The first reported outbreak was in January 2002 in a number of**

- a** English universities
- b** Scottish hospitals
- c** government departments

**2 After the symptoms have stopped, a sufferer is still infectious for a minimum of two days and can still spread the virus for up to**

- a** two weeks
- b** three weeks
- c** two months

**3 What is strongly recommended for people entering a sufferer's room?**

- a** they do not speak to the sufferer
- b** they do not touch the sufferer
- c** they wear a face mask

**4 Which of the following should sufferers not do?**

- a** keep warm
- b** carry on as normal
- c** take plenty of fluids

**5 How many viral particles are emitted in each episode of retching?**

- a** 20-30 million
- b** 40-50 million
- c** 60-70 million

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Send your entry to: Test Your Knowledge, Over The Counter/Digestive Disorders, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, save postage by putting all your entries into one envelope and mark it October Competitions.

☐ Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

# with Asilone



Acid indigestion, heartburn, trapped wind - to your customers it's simply a groaning tummy. Asilone offers fast relief - that's why customers come back for Asilone whenever the groans need soothing. Recommend Asilone - a quick and simple solution for whatever the indigestion problem.

Also available as tablets

**The Comfort Zone for Tummy Groans**







40s...



50s...



60s...



...70s +

Part TWO

# The ages of woman

In the second part of her feature on the ages of women, consultant pharmacist **Mary Allen**, FRPharmS, examines what's in store for women in their 40s and beyond

## AIMS OF THIS FEATURE

- To discuss some of the health issues facing women in their 40s, 50s, 60s and beyond
- To identify the symptoms of the menopause
- To discuss the role of HRT
- To discuss the risks of osteoporosis, heart disease etc in older women

**T**he 40s and 50s can be a great age for women. However, it doesn't always work out that way and some women find themselves sandwiched between two generations – kids staying put and parents starting to decline. Maintaining a healthy lifestyle remains essential to cope with life's little problems, on top of the changes caused by the menopause.

For most women the menopause occurs between the ages of 45 and 55, and it marks the end of the reproductive years and the menstrual cycle. No one knows why it occurs just when it does, and it may be that many years ago it coincided with life expectancy. However, with average life expectancy for women now in the 80s for most women, there are a lot of post-menopausal years ahead. This means that the conditions which our hormones, particularly oestrogen, help to protect us against before the menopause need some attention so that we can reduce risks. These include osteoporosis and heart disease.

Many women sail through the menopause hardly noticing it. Some suffer a few symptoms, while others seem to suffer badly, both with physical and psychological/emotional symptoms.

As the menopause approaches, oestrogen production drops. There is a decrease in the number and quality of eggs released from the

ovaries, and fertility falls. Diminishing oestrogen can cause the skin to become dry and can affect the vagina, causing dryness, which can sometimes affect lovemaking.

Falling levels of oestrogen cause the brain to release more of some of the other hormones associated with the production of oestrogen, in an attempt to make the ovaries work harder. These fluctuations in hormone levels are responsible for many symptoms, such as hot flushes, night sweats, muscle and bone pains, irritability and poor concentration.

## Physical symptoms of the menopause

### Is it me or is it hot in here?

- Periods may become irregular and patterns change: they may be heavier or lighter than before, and more or less frequent
- Hot flushes and/or sweats can occur, caused by hormone surges from the brain. Some women suffer with night sweats which can disrupt sleep
- Tiredness affects many women at this time
- Skin and hair may become drier
- Falling oestrogen levels can affect the vagina and bladder, causing soreness
- Joint pains are common, and are associated with falling oestrogen

### Psychological/emotional changes

- Moodiness and irritability
- Insomnia

- Poor concentration and a general loss of enthusiasm
- Loss of interest in sex

Some women may suffer depression and anxiety, but it is difficult to know whether this is directly linked to the menopause or is a side effect of having to come to terms with loss of youth, loss of fertility or tiredness from coping with family demands.

Knowing what to expect can help minimise symptoms, and all the usual advice about healthy lifestyles applies here. Healthy eating, not smoking, adequate and appropriate exercise and relaxation all help minimise symptoms.

Hormone Replacement Therapy (HRT) is available on prescription and many women find it really helps with their symptoms. Others take it to help prevent longer term problems like osteoporosis – and, until a couple of years ago, to help reduce heart disease. However, in 2002 a large study of the effects of HRT was stopped early because the researchers found that combined HRT (which combines oestrogen and a progestogen) seemed to increase the risk of heart disease rather than reduce it, and they felt it was unethical to carry on for the intended duration. In addition, HRT carries a small increase in the risk of breast cancer, so fewer women take it now than did a few years ago. However – as is so often the case,



Another study has very recently cast doubts on the findings of the 2002 study, suggesting the way the study was set up was flawed...

HRT is available as tablets, patches and vaginal creams, depending on symptoms and needs. Treatment differs for women who have had hysterectomies from those who haven't.

There is currently no "right answer" as to how long HRT should be taken. Some women stay on it just until they are over the symptoms of the menopause, while others take it for years.

### Over 60s

These days, far from retiring and settling into old age, many women live full and healthy lives in their 60s and beyond. Maintaining a healthy diet and some regular exercise is even more important as we get older, to keep nasties like heart disease and cancer at bay, and to reduce the risks of fractures from thin bones, or osteoporosis.

### Osteoporosis

Osteoporosis affects men and women, but is far more common in women. The incidence increases with age, but even in the over 50s it affects one in three women and one in 12 men. Weakening of the skeleton, due to the thinning of the bones, means even a simple knock can cause bone breakage, particularly in the wrist, spine or hip.

One in two women over 70 will break a bone because of osteoporosis. Yet, in most cases, the risk can be prevented or reduced, particularly if action is taken to maximise bone density early in life, especially through eating a calcium-rich diet.

Women are at greater risk because their bones are smaller and less dense. Risk increases after the menopause because of loss of oestrogen, a hormone associated with healthy bones. This is a major reason why HRT is prescribed for some women (*see above*). Women who have an early menopause or a hysterectomy before the age of 45 are particularly at risk, especially if they have their ovaries removed.

Younger women can be at risk if they have low blood levels of oestrogen. This can arise as a result of over-exercising, or because of eating disorders. Some medicines can cause thinning of the bones, especially the long-term use of steroids, so calcium supplements are usually prescribed for anyone taking these long-term.

Treatments for osteoporosis include calcium and Vitamin D supplements, HRT, and for some women prescribed drugs known as bisphosphonates to help to bind calcium in the bones.

### Heart disease

Many people think that heart disease is a male thing, but it affects women too – and it kills more women than breast cancer does.

Women tend to develop CHD later than men because they are protected by oestrogen before the menopause. However, after the menopause their risk increases. A healthy diet, plus adequate exercise and relaxation, is key to minimising risk of heart disease. Green leafy vegetables such as spinach, cabbage and kale are important for heart health as they contain folic acid, critical in preventing heart attack and stroke as it reduces blood levels of homocysteine, a substance associated with heart attacks and strokes. Asparagus is also very rich in folic acid, so treat yourself as often as you can.

### Helping your heart: top tips

- Eat plenty of fruit and vegetables – at least five portions per day
- Green leafy vegetables contain folic acid, which lowers blood levels of homocysteine, so eat lots of these
- Cut down on saturated fats which can increase blood cholesterol
- Eat fish twice a week – at least one of them an oily fish like salmon or mackerel for Omega-3 oils, which help prevent clots in the arteries
- Aim to reduce salt intake to less than 6g a day (about a teaspoonful overall – including salt in bread and prepared meals). Reducing salt intake can help lower blood pressure
- Get more exercise. This helps protect the heart by raising levels of "good"

DERMATOLOGICAL



## Dry skin & Eczema

# EXPERT EASE

It might not come as a surprise to learn that the **E45 Brand** is the first recommendation by healthcare professionals for the special moisturising needs of dry and troubled skins!

With 50 years of know-how the **E45 Brand** has carefully developed products that are unperfumed, dermatologically tested, soap and detergent free to provide effective emollient therapy for the symptoms of dry skin, eczema, psoriasis and ichthyosis.

Widespread success in clinical trials is bolstered by the fact that the **E45 Brand** is the most requested brand on prescription by patients for the management of their dry skin conditions!...

...perhaps the truest vote of confidence in our skincare expertise.



Prescribing Information E45 Cream. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin

conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly:

Apply to the affected part two or three times daily. Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse

effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20.

Legal category: GSL. Product licence number: PL 0227/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: January 2002. Reference: 1. U & A data HCP 2003. CHCSK04-84A. Date of preparation: September 2004.



- A glass or two of wine a day is thought to help the heart

- Meditation, yoga or exercise such as swimming can help reduce stress and protect the heart

A third of British women are now overweight. This puts a strain on the heart and increases the risk of developing diabetes – itself a risk factor for heart disease. Being overweight also increases the risk of high blood pressure and high cholesterol – again, both risk factors for heart disease.

Anyone looking to lose weight should aim to lose a steady 1-2lb a week, filling up on fruit and vegetables, and choosing fish and lean meat. Adding exercise will help you lose weight more quickly. ©

→ Maintaining a healthy lifestyle is essential as women get older

- What happens at the menopause
- The pros and cons of HRT
- Why women are at risk of osteoporosis and heart disease and what can be done to minimise the risks

## Women's



# E45



HEALTHCARE

**Indication:** E45 Itch Relief Cream. E45 Itch Cream contains lauramagrolols 3.0% w/w and 1% menthol. For the treatment of pruritus, itching, and scaling skin conditions where an antipruritic effect is required. It may also

be used for the continued treatment and follow-up treatment of these skin diseases. Dosage and administration: **Adults, the elderly and children:** Apply to each affected area twice a day. The duration of treatment depends on the clinical response. **Contra-indications:**

Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. Special warnings and precautions for use: May cause irritation if applied to broken or inflamed skin.

**Pregnancy and lactation:** There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breast feeding during lactation. **Undesirable effects:** E45 Itch Relief Cream has been reported to cause a burning sensation.

erythema, pruritus or the formation of pustules. Allergy has also been reported. Package quantities: 50g and 100g tubes. MRRP: 50g £3.39, 100g £5.99. Category: GSL. Product licence number: PL 00197. Product licence holder: Crookes Healthcare Ltd.



# products

studies have shown that black cohosh is a safe, effective alternative for women who cannot or do not wish to take oestrogen. Researchers believe it helps relieve symptoms such as hot flushes and night sweats. Kira's Black Cohosh One-A-Day tablets contain 4.5mg concentrated extract, equivalent to 54mg of the fresh herb.

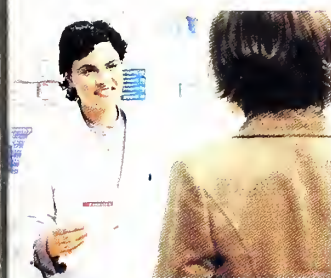
Aria is a nutritional supplement which contains 50mg soya isoflavones with added calcium, B vitamins, folic acid and other essential minerals, developed and patented by herbal expert Lichtwer Pharma.



**Chemist Brokers,**  
**Tel: 02392 222500**

## Canesten keeps focused on pharmacy

ayer Consumer is backing its Canesten Duo thrush treatment with another burst of TV adverts, which run until October 24.



The commercial, which was first seen earlier this year, shows a woman walking into a pharmacy. She asks the pharmacist for Canesten Duo, takes the capsule with water and gets on with her day.

A pharmacy educational and point of sale pack is also available.

P-licensed Canesten Duo (£12.50) contains a single oral capsule (150mg fluconazole) and a 10g tube of Canesten Thrush Cream (2% clotrimazole).

**Laser Healthcare,**  
**Tel: 01202 780558**

## Test your knowledge

### Win a bottle of Champagne with Over The Counter

Check out what you have learned in our women's health feature part two and you could be celebrating your increased knowledge with a bottle of bubbly. Just mark the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of October 31 will be the winner.

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

**1 For most women, the menopause occurs:**

**a** between 40 and 50 **b** between 45 and 55 **c** between 50 and 60

**2 When oestrogen levels fall, a woman's risk of which diseases rises?**

**a** arthritis **b** osteoporosis **c** heart disease

**3 HRT carries a small increased risk of:**

**a** osteoporosis **b** colon cancer **c** breast cancer

**4 Which of the following is not a risk factor for osteoporosis?**

**a** weight-bearing exercise **b** high alcohol intake **c** inflammatory bowel disease

**5 How many UK women are overweight?**

**a** one fifth **b** one third **c** half

Send your entry to: Test Your Knowledge, *Over The Counter/Women's Health*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, save postage by putting all your entries into one envelope and make it October Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

## Scratch resistance

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases.

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

Moisturising urea and local anaesthetic lauromacrogols combine in a dual action formula to soothe the itch whilst hydrating and smoothing the affected skin. These therapeutic benefits are delivered in a well tolerated and highly acceptable emollient cream.

A "very good" or "good" improvement in skin condition was measured in 74% of patients.

E45 Itch Relief Cream.

Experience builds expertise.



Dry skin & Eczema

**EXPERTE45E**

Contains lauromacrogols and urea



# The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 12,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 14 distance learning modules are accredited by the College of Pharmacy Practice.

## How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Course registration fee of £41.13 per person

Name £

Name £

Name £

Name £

Sub total £

Please include ( ) sets of modules at £29.38 each £

Total £

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

**For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269**

This data may also be used by CMP Europe Ltd or CMP Information Ltd and shared with any member of the United Business Media group world-wide, associated companies and subsidiaries for the purposes of customer information, direct marketing or publication. Data may also be made available to external parties on a list rental or lease basis for purposes of direct marketing. If you do not wish data to be made available to external parties on a list rental or lease basis, please write to the Data Protection Co-ordinator, CMP Information Ltd, Dept [CDM650], FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357.



# behind the COUNTER

Life has been going on as usual at our pharmacy and, after much deliberation, the last of our Christmas orders have been placed with our suppliers. It is the last time I will have to ponder over this task because this week is the end of an era for me. After much thought, I have decided to hang up my little white coat, slip out of my 'freezing cold in the winter' trousers and run, shouting "I'm free at last!", into retirement.

During the last 20 years I have seen some amazing changes take place in pharmacies. Opportunities for training opened up a whole new world for me. It has made my job more interesting and allowed me to be more helpful to customers and more supportive to my pharmacist. I have entered pharmacy assistant competitions, which have helped to keep my product knowledge up to date, and winning some of them has allowed me to travel to parts of the world I never thought I would see.

It has been frustrating and even stressful but **never** boring

I have had some very happy times working as a pharmacy assistant. Occasionally it has been frustrating and even stressful, but it has never been boring. I have probably done it all, but the one task that has given me the most pleasure has been serving the customers. Some I have got to know really well, while others have been just ships that pass in the night.

The ones who stand out in my mind are those who presented me with the unexpected, like the few who have keeled over while waiting for prescriptions, or the drunk who came in two minutes before we were about to close and wanted a present for the wife. There have been shoplifters who have helped themselves every time they came into the shop, because their hands were quicker than my eye. Children were often amusing – one even consumer-tested a potty – and the sweet counter has caused no end of scenes between parents and offspring. A pair of local tramps often cleared our pharmacy in hot weather and dogs tied to our Kodak sign occasionally caused havoc in the street as they raced away with it attached to them. I have dealt with people who have swallowed their glycerine suppositories instead of inserting them and one who poured her medicine all



over her meals because it said on the bottle that it was to be 'taken with food'. One customer was told not to drink while he was taking his tablets and came back 10 minutes later asking what he was to do about fluids.

Pharmacy assistants need many qualities these days to cope with this multi-task job, but I think the most important is a sense of humour. At the end of the day, if you still have a smile on your face you have probably enjoyed yourself. I certainly have.

Verity

## Your chance to climb on to the Soapbox

It is very sad to see Verity write her last column for *Over The Counter* and we have taken time to decide how to fill the column from the next issue onwards.

We could have found another pharmacy assistant to put on Verity's white coat and give her view of things from the other side of the counter, but with more changes to the magazine from next month, we decided it was time to give more readers a chance to make their voices heard.

So, from November, we'll

continue in Verity's tradition of telling it like it really is in pharmacy and asking you, the readers, to tell us what it is about the pharmacy assistant's job that delights you, infuriates you, frustrates and baffles you or just makes you smile.

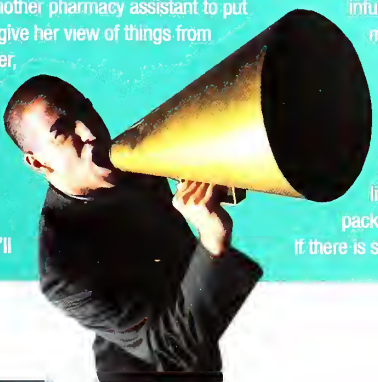
Are you fed up to make a difference to customers' lives, angry that some people see you as just another 'shop assistant', frustrated by the lack of opportunities for further training which get in the way of your busy life, depressed every time you weigh your pay packet against the effort you put in...

If there is some aspect of your job which you would like

to share with your fellow readers of *Over The Counter*, please write about it in just 300-400 words. We'll pick the best, the funniest and the most pertinent and publish them in our new Soapbox feature – and to reward your efforts there will be a £50 Marks & Spencer voucher in the next letter in each issue. Be as frank as you like – as long as you keep your thoughts legal, decent, honest and humble!

So now's your chance to vent your spleen – and perhaps enjoy a little splurge in the High Street!

Write to Soapbox, *Over The Counter*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Submissions for the next issue should be with us by the end of this month.





# AMAZIN' TRANSVASIN



Offer your customers fast, warming relief from muscular aches and pains - at an *amazingly* low price.

And display the **amazin' Transvasin** bendy man at point of sale for irresistible customer appeal.

It's **amazin'** how people come back - again and again - for Transvasin.

What's the secret? It's simple...



**For life's little twists and turns**

\* Source: TNS Counterpoint, July 2004

No.1 recommended  
rubefacient in  
pharmacy

**Presentation:** Cream containing Hexyl Nicotinate 2%w/w, Ethyl Nicotinate 2%w/w and Tetrahydrofurfuryl Salicylate 14%w/w. **Indications:** Relief of rheumatic and muscular pain and symptoms of sprains and strains. **Dosage and administration:** For topical application to the skin. Adults, the elderly and children: Massage gently into affected area until cream is entirely absorbed. Apply twice daily until symptoms abate. **Contraindications:** Sensitivity to the product or any of its ingredients. **Warnings:** Do not apply to broken or sensitive skin e.g. around the eyes or scrotal skin. Do not use on mucous membranes. Transvasin cream is a rubefacient and within a few minutes of application a sensation of warmth is felt, followed by a reddening of the skin. This erythema does not indicate intolerance. Wash hands after use. Do not use with occlusive dressings. If a rash develops, discontinue use of the product. Avoid excessive exposure of the treated area to sunlight. **Pregnancy and lactation:** No reports of adverse effects, however as with all medicines, care should be taken when administering to pregnant or lactating women. **Side effects:** Localised sensitisation reactions that have invariably subsided following withdrawal of the medication. **Legal category:** GSL. **Licence number:** PL 00240/0062. **Pack size:** 40g/80g. **Price:** £1.55. **Licence holder:** Thornton & Ross Ltd, Linthwaite, Huddersfield, HD7 5QH. **Date of preparation:** March 2004. Further information is available on request from the licence holder.